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HIGHLIGHTS

WORLD DRUG REPORT 2026

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UNITED NATIONS OFFICE ON DRUGS AND CRIME
Vienna

WORLD DRUG REPORT 2026

UNITED NATIONS
New York, 2026

PREFACE

I am pleased to introduce the 2026 edition of the UNODC *World Drug Report*. As the most comprehensive and authoritative assessment of the world drug problem, the report provides the international community with a vital source of evidence on drug production, trafficking and consumption trends, and their impacts on health, security and communities.

At a time of growing global uncertainty, reliable evidence is more important than ever. Drug markets are becoming increasingly complex, adapting rapidly to technological change, geopolitical instability and shifting consumer demand. Understanding these dynamics is critical if we are to respond effectively and protect the health, safety and well-being of people worldwide.

This year's report shows that drug use and its associated harms have continued to rise. In 2024, an estimated 331 million people used drugs – 34 per cent more than a decade ago. While this reflects population growth and the greater availability of data, it also points to a higher prevalence of drug use. And as drug use increases, more people are exposed to health and social risks.

Yet as healthcare needs continue to grow, access to treatment remains unequal. In many parts of the world, services are scarce or unavailable, leaving millions, especially women and vulnerable groups, without access to recovery and support, often due to stigma and discrimination. The consequences are lethal. Nearly half a million people died from drug use in 2023 – 29 per cent more than a decade ago. These deaths are a reminder that the world drug problem remains, at its nucleus, a human challenge that affects lives, families and communities.

At the same time, the risks associated with drug use are intensifying as illicit drug markets become more diverse and adaptable.

One of the most significant developments highlighted in this report is the continued expansion of the synthetic drugs market. In 2024, 755 new psychoactive substances, most of them synthetic, were reported globally – the highest number ever recorded in a single year. This trend reflects the growing ease with which synthetic substances can be manufactured at the same time as they are becoming harder to detect and interdict.

Amphetamine-type stimulant markets also continue to expand, spreading into new regions and reaching new consumer groups. While North America and East and South-East Asia remain the largest methamphetamine markets, developments elsewhere illustrate the adaptability of synthetic drug markets. For example, in the Middle East, disruptions to trafficking in "captagon" were followed by an expansion of methamphetamine trafficking, demonstrating how criminal groups rapidly adjust to changing circumstances.

Plant-based drug markets remain highly dynamic. Cocaine production has reached unprecedented levels, increasing more than fourfold over the past decade as cultivation expands and production rises to meet demand. Traffickers continue to diversify routes and methods, exploiting smaller ports, new transit corridors and sophisticated technologies to move their product across borders.

Meanwhile, opium cultivation in Afghanistan has remained at historically low levels. While this has significantly altered dynamics of the global supply of heroin, there is a risk that synthetic alternatives are substituting heroin from Afghanistan in consumer markets.

In addition to a review of market developments, this year's report examines the broader impact of drug use on societies. A dedicated chapter explores the relationship between drugs, safety and security, analysing how drug use can both contribute to and be shaped by violence, crime and instability.

Young people, in particular, are often more exposed to high-risk patterns of drug-use and drug-related violence. Understanding these vulnerabilities is essential for designing effective prevention and intervention strategies.

Furthermore, the report draws attention to persistent global inequities. Access to essential pain relief, in particular in medium- and low-income countries, remains limited, in large part due to regulatory barriers, weak distribution systems and policy gaps.

The findings of this year's *World Drug Report* point to a world drug problem that is evolving in scale, complexity and impact across all regions, along with the growing convergence of threats and harms associated with the illicit drug trade. To be effective, responses must be grounded in evidence, centred on people and tailored to local contexts. I hope that this edition of the *World Drug Report* will serve as a useful resource for countries to better understand and respond to the drug challenges that they face, through comprehensive and balanced responses. Only by combining public health, justice and security approaches can we reduce harm, save lives and build safer, healthier and more resilient societies.

Monica Juma, Executive Director
United Nations Office on Drugs and Crime

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EXPLANATORY NOTES

Countries and areas are referred to by the names that were in official use at the time the relevant data were collected.

Since there is some scientific and legal ambiguity about the distinctions between "drug use", "drug misuse" and "drug abuse", the neutral term "drug use" is used in the *World Drug Report*. The term "misuse" is used only to denote the non-medical use of pharmaceutical drugs.

All uses of the word "drug" and the term "drug use" in the *World Drug Report* refer mainly to substances controlled under the international drug control conventions, and their non-medical use. "Drug use" may also refer to the non-medical use of pharmaceutical drugs and of new psychoactive substances that are not under international control.

The term "seizures" is used in the *World Drug Report* to refer to quantities of drugs seized, unless otherwise specified.

All analysis contained in the *World Drug Report* is based on the official data submitted by Member States to UNODC through the annual report questionnaire, unless indicated otherwise. Sex-disaggregated analysis has been included wherever possible.

The data on population used in the *World Drug Report* are taken from: *World Population Prospects: The 2024 Revision* (United Nations, Department of Economic and Social Affairs, Population Division).

References to dollars ($) are to United States dollars, unless otherwise stated.

References to tons are to metric tons, unless otherwise stated.

The following abbreviations have been used in the present booklet:

α-PVP	*alpha*-pyrrolidinovalerophenone
ATS	amphetamine-type stimulants
2C-B	4-bromo-2,5-dimethoxyphenethylamine
CBD	cannabidiol
COVID-19	coronavirus disease
DEA	Drug Enforcement Administration
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESPAD	European School Survey Project on Alcohol and other Drugs
EUDA	European Union Drugs Agency
GBD	Global Burden of Disease Study
GHB	*gamma*-hydroxybutyric acid
GPS	Global Positioning System
HHC	hexahydrocannabinol
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
IHME	Institute for Health Metrics and Evaluation
INCB	International Narcotics Control Board
LSD	lysergic acid diethylamide
MDMA (or "ecstasy")	3,4-methylenedioxymethamphetamine
MDPV	methylenedioxypyrovalerone
NPS	new psychoactive substances
P-2-P	1-phenyl-2-propanone
PTSD	post-traumatic stress disorder
PWID	people who inject drugs
S-DDDs	Defined Daily Doses for Statistical Purposes
THC	tetrahydrocannabinol
UNODC	United Nation Office on Drugs and Crime
WHO	World Health Organization

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WHAT TO WATCH

WHAT TO WATCH

A turning point in global opioid markets

The increasing availability of novel synthetic opioids comes at a time when there are severe constraints on the illicit production of heroin; together, these circumstances could reshape global illicit opioid markets, turning them away from opiates and towards synthetic opioids, resulting in profound implications for drug policy, drug use and drug harm.

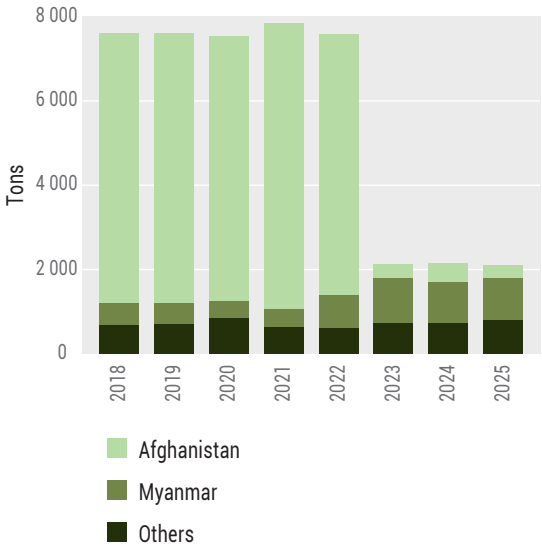
The century-long dominance of heroin in illicit global opioid markets is increasingly being challenged by changes in the illegal supply of opioids. Two independent but critical developments have converged on major heroin markets in recent years. The availability and proliferation of potent synthetic opioids, such as fentanyls and nitazenes, coupled with the abrupt reduction in the illicit cultivation of poppy and the illegal production of opium, especially in Afghanistan – the world's primary source of heroin until 2022 – are reshaping global opioid markets.

Such a profound shift in drug markets is rare but not unprecedented. A transition from the use and supply of morphine to the more potent heroin over a century ago provides one example of how opioid markets can permanently change. Contemporary examples in some Baltic States and in North America have shown that fentanyl can readily supplant heroin. Today, major heroin markets face continued supply constraints, while enterprising dealers can source from an array of cheap and potent alternatives derived from a growing range of precursor chemicals. A shift to stronger and cheaper alternatives is likely to change trafficking patterns and supply dynamics, elevating levels of harm for those using illegally sourced opioids.

The enforcement of the drug ban in Afghanistan is now entering its fourth year. After long supplying some 80 per cent of the world's illegal production of opium, starting in 2023, production in Afghanistan collapsed by 95 per cent from previous annual outputs. Although seizures of heroin and opium in and around Afghanistan continue, largely due to the liquidation of stocks, they are less frequent and typically weigh half as much as they did prior to the ban. This points to dwindling supply from Afghanistan.

A perceived or actual disruption in the supply of heroin to major consumer markets will encourage traffickers to seek alternatives. This could, in turn, displace the illicit cultivation of poppy and illegal production of opium to other countries or encourage a shift to synthetic substitutes, such as fentanyls and nitazenes, or other novel synthetic opioids – or perhaps even to non-opioid substances.

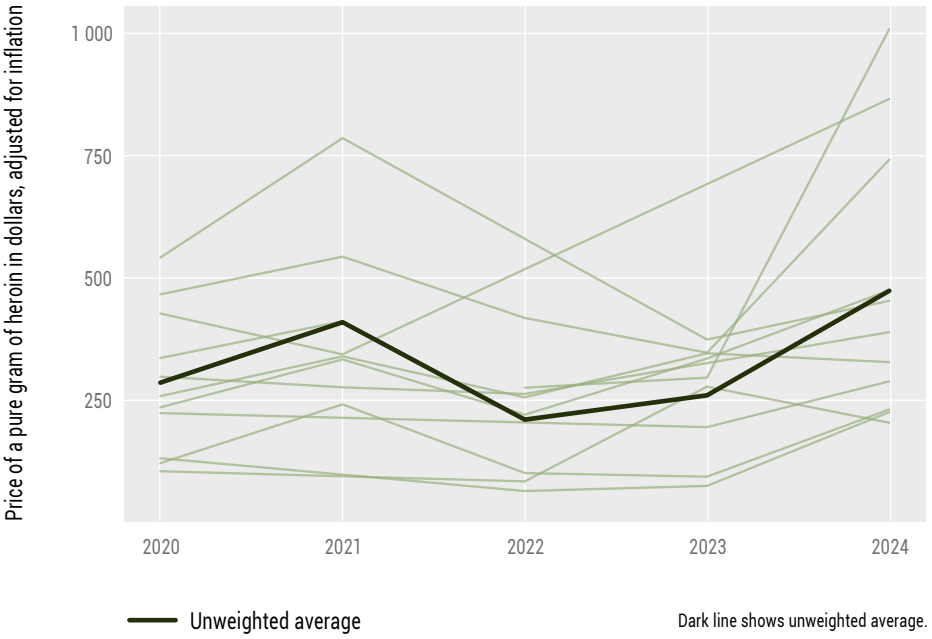
Estimated global illicit opium production, 2018–2025



So far, illicit poppy cultivation and opium production in other countries regularly monitored by UNODC (i.e., Lao People's Democratic Republic, Mexico and Myanmar) have not indicated any substantial increase in cultivation that would replace declining outputs from Afghanistan. Although the illicit production of opium in Myanmar has increased in recent years, from about 420 tons in 2021 to over 1,000 tons in 2025, making it the largest global producer of illicit opium, there is no evidence that this is in response to a decline in production in Afghanistan. Instead, the ongoing internal conflict, which was reignited in 2021, is having a more direct impact on illegal drug production in that country, shaping ongoing trends in the illicit cultivation and manufacture of synthetic drugs. Estimates for Mexico, the other major producer of illicit poppy after Myanmar, indicated a decline in the area under cultivation, at least up to 2022.

Anecdotally, there appears to have been some displacement of poppy cultivation to countries around Afghanistan. These early reports are supported by data on opium prices in Afghanistan, which show that wholesale prices of dry opium have declined in the past year to $600 per kilogram, after peaking at around $800

Price per pure gram of heroin among 12 destination markets of heroin from Afghanistan, 2020–2024



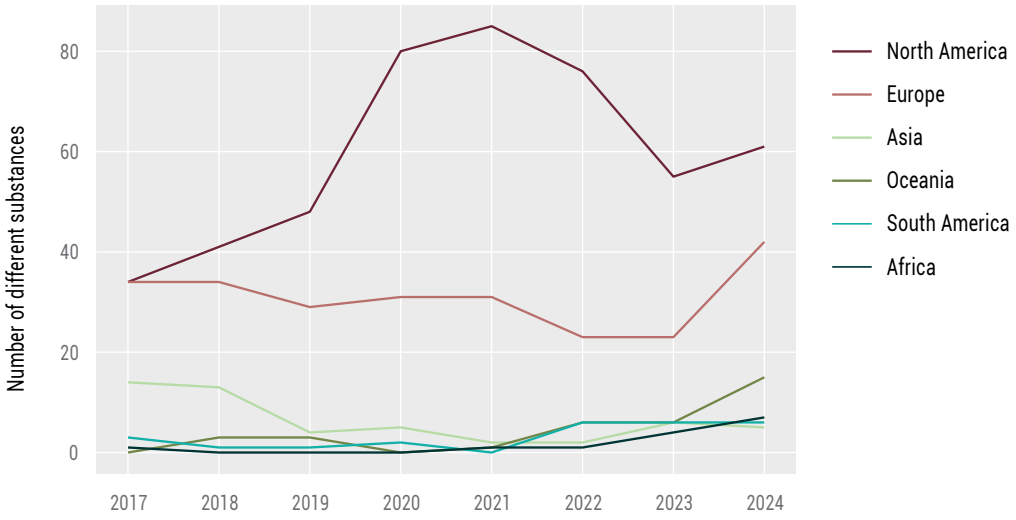
Note: Prices adjusted to inflation to 2024 dollars.

per kilogram, but remain well above pre-ban levels. This is in contrast to an expected increase in those prices stemming from the ban. In addition, the area of eradication of opium poppy reported to UNODC more than doubled in two countries near Afghanistan (India and Pakistan), from a total of 5,868 hectares in 2022 to 13,200 hectares in 2023.

Although some degree of illicit cultivation of poppy and illegal production of opium is likely to persist in the future in some parts of the world, major heroin markets continue to face supply constraints. Best estimates, calculated on the basis of pre-ban levels of consumption of Afghan opiates, suggest that stocks of opium in Afghanistan could last until the end of 2026. Since late 2025, data on self-reported drug use by men in Afghanistan have reflected a shift in drug consumption patterns. Although opiates, such as opium and heroin, have long dominated treatment admissions and social concerns, data from household surveys show that, since 2025, there have been fewer self-reported past-year users of opiates than of pharmaceutical opioids and sedatives, which could indicate a reduction in the availability of opiates in recent years.

However, it is possible that some markets may experience shortages earlier than others, and preliminary data suggest that some major consumer heroin markets are facing supply-side pressures. Declining purities and the increasing prices of heroin at both the retail and wholesale levels in recent years strongly point to supply disruptions. As shown above, the retail-level price of a pure gram of heroin in 12 destination markets for Afghan heroin has recently increased. In 2023 and

Numbers of NPS synthetic opioids detected by year and region, 2017–2024



2024, the average increase in purity-adjusted prices doubled in these markets, rising from about $250 per pure gram to nearly $500 per pure gram.

In addition to supply data, signs of a decline in heroin use are becoming visible in some health-related indicators. For example, drug treatment admissions related to heroin decreased in 17 of 19 countries reporting data for 2024 after showing no clear trend in the previous two years. Although these data are limited in number and are preliminary global figures, they could point to a possible decline in heroin use in some drug markets.

Heroin markets appear to show some signs of decreasing availability and use; conversely, there are indications in some destination markets showing a rise in the variety of synthetic opioids. Although instances of the detection of NPS are not indicative of market share, a proliferation of new pharmacologically similar substances could suggest diversification on the part of suppliers who are looking to find suitable alternatives to heroin.

After two years of decreases in the number of NPS synthetic opioids appearing in global drug markets, 2024 saw a sharp increase in reports. Instances of NPS synthetic opioids reported in early warning systems increased in 2023 and 2024 across most regions, but most prominently in Europe, Oceania and Africa, suggesting a recent diversification by market actors. These were instances in which novel synthetic opioids (which had either been detected for the first time or which had previously been detected yet remained uncontrolled) appeared in drug markets. North America, where fentanyl has largely displaced heroin, reported around a 10 per cent increase in the number of NPS synthetic opioids identified in 2024 from the previous year, while that number rose by more than 80 per cent in Europe and by 150 per cent in Oceania, where diverse synthetic opioids have been appearing recently.

In Europe, in particular, it appears that traffickers have recently experimented with the opioid market by introducing a wider variety of nitazenes, a group of potent synthetic opioids. Since 2019, over 30 distinct nitazenes have been reported in 24 countries in Europe. Seizure data for the European Union show recent significant increases in the quantities of nitazenes seized and in the number of tablets seized containing nitazenes. Several hundred deaths related to nitazenes have been reported in Western and Central Europe since 2022, and the numbers are likely to be undercounted due to a lack of detection methods for novel drugs.

This suggests that distributors are searching for alternatives to traditional illicit opiates, seeking out diverted opioid analgesics or possibly other sources. The increasing availability of novel synthetic opioids comes at a time when there are severe constraints on the illicit production of heroin. Even if illicit poppy cultivation were to increase outside of Afghanistan, it is unlikely that farmers would be able to quickly scale up cultivation or production or that traffickers would be able to re-establish smuggling networks. In short, during a time of depressed availability of opium or heroin, some traffickers in destination markets are more likely to turn to novel synthetic opioids as substitutes. This could reshape global illicit opioid markets, turning them away from opiates and towards synthetic opioids. This would, in turn, have profound ramifications for drug policy, drug use and drug harms.

Major opioid markets that once relied primarily on heroin can adapt, sometimes after a transition period, to an alternative substitute. History has shown that people who use opioids chronically or who are suffering from opioid dependence tend to seek replacements if their drug of choice is in short supply. This replacement can include other opioids, stimulants or other substances, such as synthetic cathinones.

WHAT TO WATCH

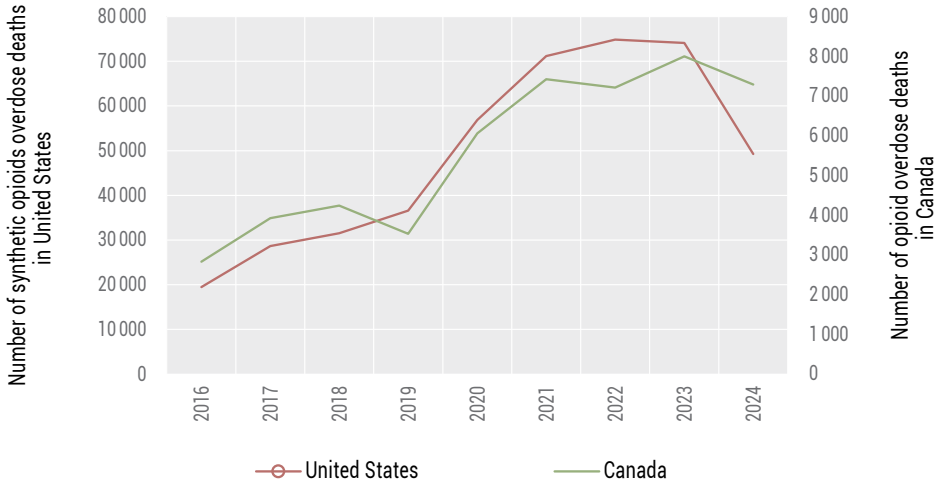
NPS synthetic opioids

Fentanyls continue to account for the largest share of harm from the non-medical use of NPS synthetic opioids, in particular in North America, but the arrival on the market of nitazenes and orphines, which are often more potent than fentanyls, has led to a number of acute emergencies and fatal outcomes, raising public health concerns in a more diverse set of countries.

Fentanyls continue to account for the largest share of synthetic opioid-related overdose deaths globally, with the vast majority of such deaths occurring in Canada and the United States. However, after the peak in the period 2022–2023, opioid overdose deaths involving fentanyls declined in 2024 – by an estimated 17 per cent in Canada and by at least one third in the United States. Moreover, in 2024, in the United States, fentanyls were also implicated in nearly 70 per cent of stimulant overdose deaths, whereas in Canada, 68 per cent of opioid overdose deaths also involved a stimulant. Outside North America, only a few countries in Europe, for example Estonia, which had an established market for fentanyls between 2002 and 2013, and Sweden, reported high numbers of fentanyl overdose cases up to 2018. Both countries had one of the highest rates of opioid overdose deaths in Europe but have witnessed a major decline in fentanyl overdose cases since 2018. The recent decline in fentanyl overdose cases in North America (2024) and, earlier, in Estonia (2018) have been attributed to a number of factors – the reduced supply and availability of fentanyls, expanded access to naloxone for the management of overdoses, expanded access to opioid agonist treatment and changes in the consumption patterns of people who use opioids.

In recent years, new synthetic opioids – nitazene analogues (2019), brorphine (2019) and other orphine analogues (2024) – that may be more potent than fentanyls have emerged in different countries. Nitazenes appear to be more geographically widespread than fentanyls. Since the first report identifying the presence of isotonitazene, in 2019, at least 34 nitazenes

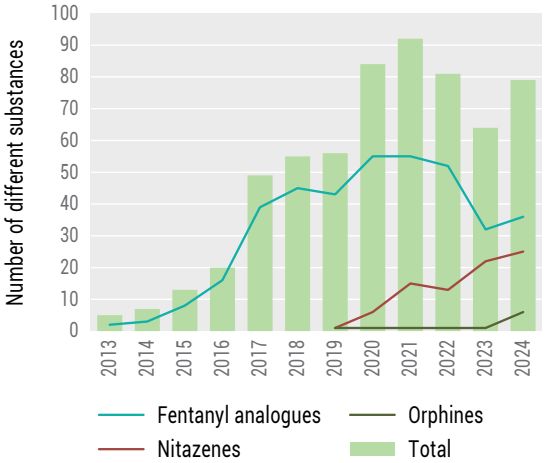
Opioid overdose deaths in North America, 2016–2024



have been identified across 37 countries, and reporting patterns show similar numbers emerging from both North America and Europe. In 2024 alone, 29 countries reported to UNODC the presence of nitazenes on their market, particularly in North America, Europe and Oceania, compared with 18 countries that reported the presence of fentanyl analogues. Moreover, in 2024, fentanyls, nitazenes and orphines dominated the newly detected synthetic opioids in drug samples reported to UNODC. As part of the international response, at least 20 fentanyl and 10 nitazene analogues have been placed under international control in recent years.

Since 2019, orphines have been increasingly detected in seized drug samples and toxicology casework in at least 14 countries in Europe, North America and Oceania. Similarly, nitazenes have been attributed to a number of fatalities and overdose cases, often in the context of polysubstance use or in combination with multiple NPS. Of the 160 nitazene-related toxicity cases reported to UNODC in 2024, nearly half involved between 1 and 10 additional NPS. In Western and Central Europe and North America, since 2022, several hundred deaths related to nitazenes have been reported, although the numbers are likely to be undercounted due to a lack of routine detection of novel drugs. In the United Kingdom, between June 2023 and August 2025, nitazenes were linked to approximately 750 overdose deaths. By 2024, the number of deaths related to nitazenes in the United Kingdom had reached roughly three times the number of deaths related to fentanyl or its analogues. In late 2023, two significant clusters of non-fatal opioid overdoses were reported in the Irish cities of Dublin and Cork; at least 77 people were known to have been affected by protonitazene. In recent years, nearly half of opioid overdose deaths in Estonia have been attributed to nitazenes; that is, 61 deaths in 2023 and 42 deaths in 2024, primarily involving metonitazene and protonitazene. In fact, nitazene-related overdose deaths seem to have contributed to a reversal of the earlier trend of decline in overdose deaths in Estonia. Clusters or significant numbers of deaths and acute toxicity cases linked to nitazenes have also been reported in France, Germany, Latvia, Sweden and Norway. Lastly, in the United States, nitazenes were attributed to 338 overdose deaths in 2023 and 409 deaths in 2024.

Number of individual NPS opioids reported for the first time worldwide, 2013–2024

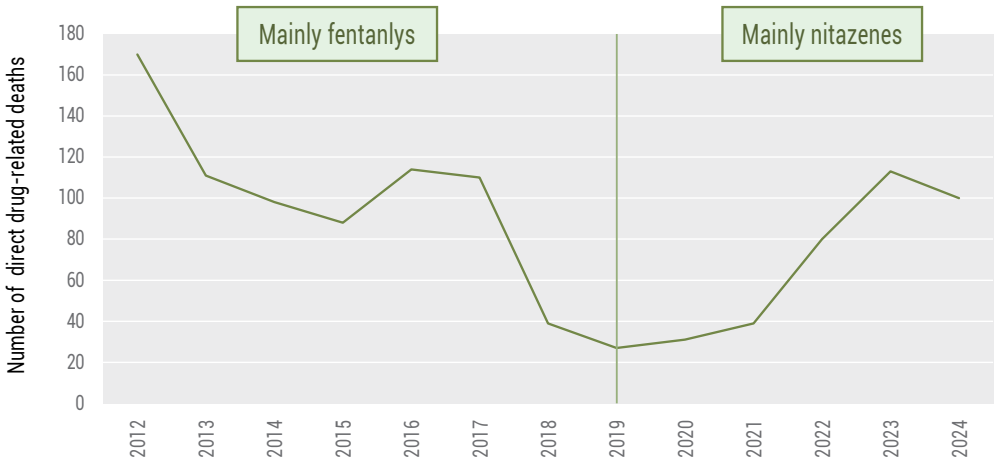


In the case of nitazenes, the risk of adverse effects is further amplified because several of their metabolites retain opioid activity and, in some instances, may even exceed the potency of the parent compound. The presence of these metabolites can contribute to severe and prolonged respiratory depression and may necessitate high or repeated doses of naloxone to achieve persistent reversal.

Beyond the geographical spread of nitazenes, the worrying trend is their increasing presence at the street level, on online drug forums and sales platforms, and in toxicological case reports and fatalities across multiple regions, most notably in Australia, Europe and North America.

Synthetic opioids have been sold in various forms, such as tablets, crystals, powder and vape refills, or sprayed on plant material or even on blotter paper. In the United States, brorphine was sold as a fentanyl alternative in mixtures known as “purple heroin”. In Germany, in a recent case (in 2025) of a near-fatal poisoning

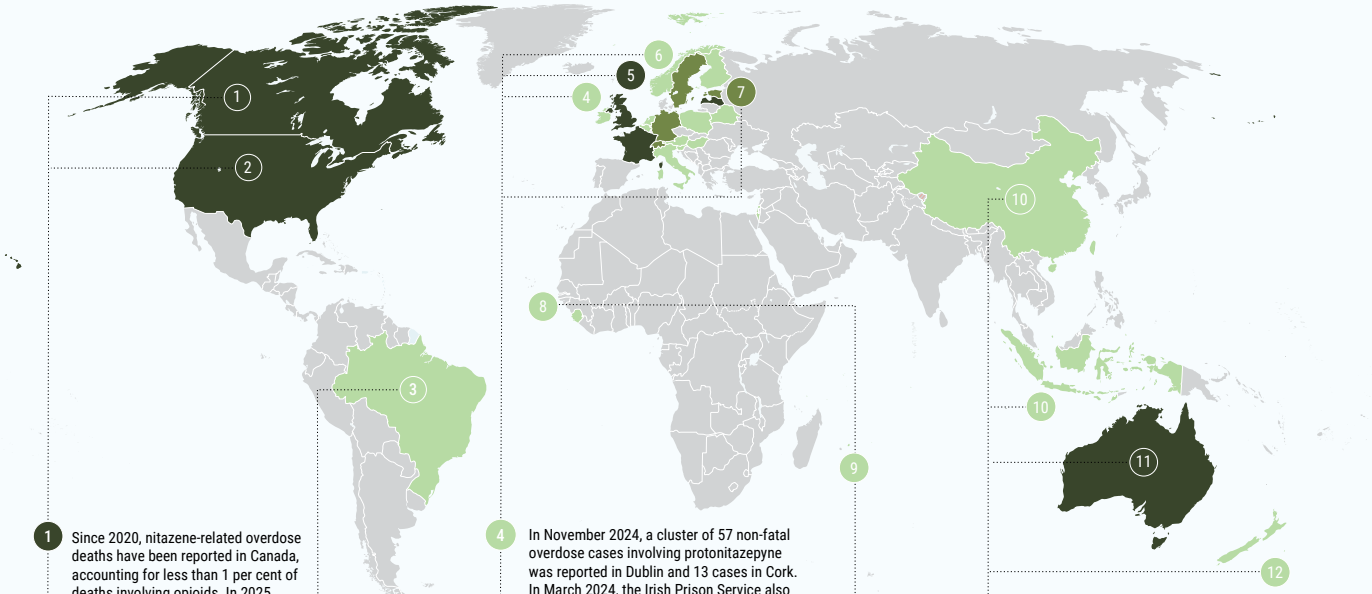
Direct drug-related deaths in Estonia, 2012–2024



following the ingestion of a tablet sold as a "benzodiazepine", sourced from the Internet, the tablet was found to contain N-propionitrile chlorphine (cychlorphine). In Estonia, illicitly manufactured isotonitazene available online was marketed in the form of a nasal spray with pre-measured doses. In 2024, 35 per cent of syringe residue samples analysed in Estonia tested positive for nitazenes. Other nitazenes have recently been sold as falsified opioids (e.g. oxycodone, buprenorphine or tapentadol) or benzodiazepines (e.g. alprazolam) and have also been identified in substances such as 3C-P, cocaine, ketamine, GHB, methamphetamine, MDMA and cannabinoids. Nitazenes have also been detected in vapes sold as THC in parts of Europe and in Australia. The presence of nitazene analogues has also been reported in drug samples or mixtures containing synthetic cannabinoids, especially MDMB-4en-PINACA, in Brazil, as well as in Sierra Leone, where nitazenes and synthetic cannabinoids were reported in the "kush" samples collected in Freetown in 2024. Since 2021, kush has been reported in other West African countries, although its exact composition has not been confirmed. By 2023, fatalities believed to be due to kush had been reported in the Gambia, Guinea, Liberia and Sierra Leone. The rapid proliferation of synthetic opioids such as nitazenes and orphines, and earlier fentanyl analogues, can be attributed to their ease of synthesis, their economic appeal for manufacturers and traffickers (small quantities can yield thousands of doses), and the ability of new analogues to evade regulatory controls in many jurisdictions.

In addition to the inherent harms associated with these substances, the risk associated with synthetic opioids also stems from the unpredictable nature of the drug supply, including variability in concentration, dilution and adulteration with other substances (e.g. xylazine and/or medetomidine). These factors can significantly increase the risks, particularly for naive opioid users – individuals with limited or no prior opioid exposure. The mixing or adulteration of NPS opioids appears to occur at the supply level, either during production or distribution. Such patterns of the adulteration and mixing of substances underscore the complexity of detecting synthetic opioids in contexts of unintentional and polysubstance use in overdose cases, and highlight the challenges this complexity poses for the management and treatment of such cases.

Number of unique nitazene analogues and reported cases in 2024



1 Since 2020, nitazene-related overdose deaths have been reported in Canada, accounting for less than 1 per cent of deaths involving opioids. In 2025, there were 704 identifications of nitazenes in drug seizure samples analysed, representing 2.5 per cent of all identified opioids.

2 In 2024, 409 deaths attributed to nitazenes were reported across 43 jurisdictions in the United States, including 144 overdose deaths attributed to metonitazene.

3 In Brazil, between July 2022 and April 2023, nitazenes (predominantly metonitazene) were the most frequently reported substances in seizures containing opioids. Nitazenes have also been identified in combination with synthetic cannabinoids (e.g., MDMB-4en-PINACA) and cocaine.

4 In November 2024, a cluster of 57 non-fatal overdose cases involving protonitazepyne was reported in Dublin and 13 cases in Cork. In March 2024, the Irish Prison Service also issued an alert regarding nitazene-related overdoses in prisons.

5 In the United Kingdom, between June 2023 and August 2025, nitazenes were linked to approximately 750 overdose deaths, representing roughly three times the number of deaths related to fentanyl and its analogues.

6 In 2024, unique nitazene analogues were reported from 17 countries in Europe. In Norway, 36 nitazene analogue-related deaths were reported between 2021 and 2024. The presence of nitazenes in falsified oxycodone or buprenorphine tablets has been reported in multiple countries. Clusters or significant numbers of deaths and acute toxicity cases linked to nitazenes have also been reported in France, Finland, Germany and Sweden.

7 In 2024, 42 of 100 deaths in Estonia and the majority of 203 deaths in Latvia were associated with nitazenes. Nitazenes have been detected in syringe residues in Estonia and Latvia, and in combination with benzodiazepines and stimulants.

8 Nitazenes (including protonitazenes and metonitazene) have been identified together with synthetic cannabinoids (e.g., MDMB-4en-PINACA, ADB-BUTINACA) and cocaine in samples of "kush", a drug associated with significant harm in Guinea-Bisseau and Sierra Leone. By 2023, fatalities believed to be linked to kush had been reported in Gambia, Guinea, Liberia and Sierra Leone.

9 In Mauritius, four and in Seychelles, one unique nitazene analogue (metonitazene) were reported in 2024.

10 In 2024, China reported two and Indonesia reported three unique nitazene analogues. In June 2025, China's Ministry of Public Security, National Health Commission and National Medical Products Administration jointly announced the placement of nitazene analogues under national control using a generic definition.

11 In Australia, protonitazene, metonitazene, isotonitazene, butonitazene, etodesnitazene and etonitazepyne were identified in 32 emergency department presentations between July 2020 and February 2024. A total of 17 deaths attributed to nitazenes (including etodesnitazene, metonitazene and protonitazene) were recorded between 2021 and 2024. Nitazenes have been detected in powders and tablets sold as other substances (including heroin, cocaine, "ecstasy", GHB, ketamine, THC vaping products and oxycodone). Analysis of cryptomarkets indicates increasing availability of nitazenes for sale online in Australia between February 2023 and January 2024.

12 In New Zealand, four unique nitazene analogues were reported in 2024. In April 2024, N-Desethyl etonitazene was detected in counterfeit blue diazepam tablets. In December 2024, the New Zealand Customs Service intercepted counterfeit oxycodone tablets (in yellow and green colours) that contained nitazenes.

Number of nitazenes reported: 11–15 | 6–10 | 1–5 | No nitazenes reported

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.
Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.
A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

Source: UNODC, Early Warning Advisory on New Psychaoctive Drugs; national reports.

WHAT TO WATCH

Cocaine market expansion

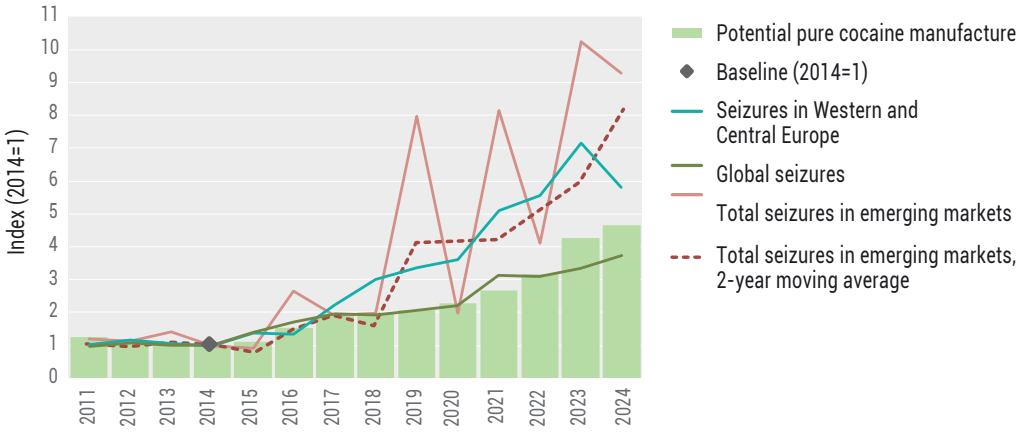
The global cocaine market continues to experience strong growth in supply and demand, with both established and emerging markets being affected.

Globally, the cocaine market continues to show strong increases in both supply and demand. While the increases are stark on the supply side, they are harder to measure on the demand side. Global cocaine seizures, largely driven by seizures in South America, have broadly kept pace with an increase in production since 2014, suggesting that the net supply available globally to consumers has also grown at the same pace. However, seizure quantities in several destination and transit regions have grown even faster. This, together with decreases in wholesale prices in several key transit countries in 2023 or 2024, suggests that organized crime groups with a global reach, acting as intermediaries between producers and consumers, continue to funnel increasingly large quantities of cocaine towards established and emerging destination markets, in an effort to expand the customer base and maximize profit. It also raises concerns about the emergence of more harmful use patterns and of an expansion of cocaine to new markets and market segments.

Cocaine users remain concentrated in a number of established markets, with the Americas, Western and Central Europe, Australia and New Zealand accounting for approximately 70 per cent of past-year users. Fewer users are estimated to be located in emerging markets, for example in Africa and Asia, but these markets exhibit strong dynamics.

Production of cocaine is relatively circumscribed, relies on open-air cultivation and can be monitored through dedicated programmes. From the most recent low point in 2014, the potential manufacture of pure cocaine is estimated to have grown more than fourfold to around 4,100 tons in 2024 (range: 3,800–4,700 tons), driven largely by increases in both the area under coca cultivation and the productivity over this period. The share of global seizures made in South America was approximately 64 per cent – the highest percentage since 1984. Colombia alone accounted for 966 tons (40 per cent of the global total).

Trends in quantities of cocaine seized, globally and in selected markets, and in global cocaine manufacture, 2011–2024 (indexed, 2014=1)

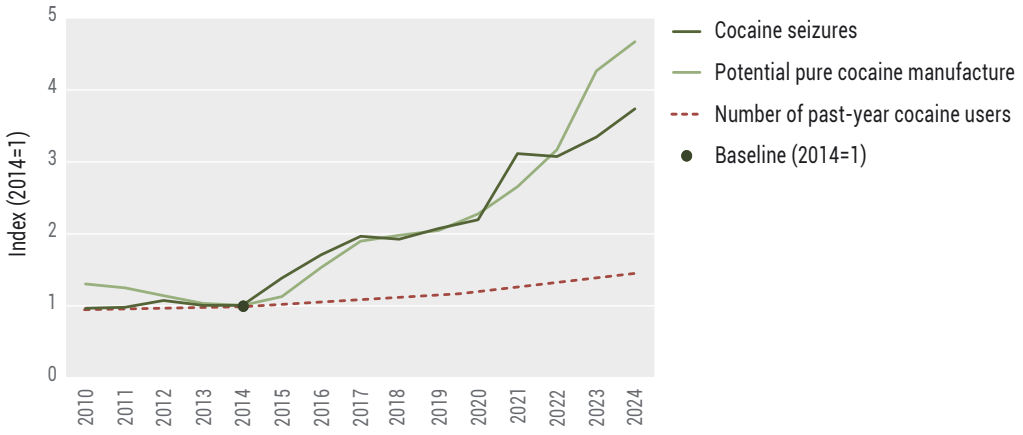


Globally, in parallel with cocaine production, the number of users has also grown strongly, by more than one third over the decade leading up to 2024. However, overall cocaine consumption is likely to have grown much faster, and these increases may take the form of two general types of development. One type of development is the possible progression to new use patterns in established markets. In Western and Central Europe, for example, treatment data strongly suggest an increase in the use of "crack" cocaine, beginning in 2015 and continuing through to 2024. Moreover, wastewater analysis in the subregion has shown very strong increases in cocaine consumption since 2015, along with parallel increases in treatment demand – with the sole exception of a temporary dip coinciding with the onset of COVID-19 in 2020. During the period 2015–2023, the retail purity of cocaine increased substantially, while prices decreased when adjusted for inflation – signs of increasing availability and an overall expansion of the retail markets. Indeed, qualitative research conducted in 2024 indicates an expansion of cocaine use to social settings beyond the nightlife scene and its integration into daily routines, together with an upsurge in "crack" cocaine use among socioeconomically disadvantaged groups and a shift from heroin use to "crack" cocaine use.

In some major consumer markets in the Americas, data on cocaine-related deaths show recent increases, potentially reflecting developments among marginalized people that are not captured by surveys among the general population. South America, where most cocaine manufacture is located, is also a major consumer market, accounting for close to one fifth of global past-year users of the drug. That consumption includes both cocaine in salt form and, notably, relatively high levels of use of smokeable cocaine products (in base form). Recent estimates of prevalence of cocaine use do not support overall increases in the number of users, but indicators of consumption from wastewater indicate high levels of use – at least in several cities – and suggest an increase in consumption in 2024.

A second type of development potentially contributing to increasing cocaine consumption may be related to emerging cocaine markets. In Africa, Asia and parts of Europe, increased cocaine trafficking may have facilitated the development of domestic markets, which

Global evolution of selected indicators of cocaine availability and use, 2010–2024



may not yet be fully captured in available data. Certain countries in Africa and Asia were among the countries with the highest rate of growth in seizures worldwide during the period 2020–2024. A portion of cocaine supply destined for Europe continues to flow through West and Central Africa and North Africa, and the quantities seized in West and Central Africa since 2019 suggest a strong resurgence of this route. In North Africa, the limited treatment data available, in combination with seizure data, confirm that cocaine has penetrated retail markets. Treatment data also provide clear evidence that "crack" cocaine use has taken hold alongside the intranasal administration of cocaine salt in West and Central Africa. They further suggest that cocaine consumption has also gained a foothold in East Africa, which is corroborated by qualitative fieldwork. In Southern Africa, where a domestic market for cocaine has been known to exist since the early 1990s, it appears that both the international trafficking and use of cocaine have come to affect several countries (in particular South Africa), including maritime trafficking directly from South America, as well as the use of "crack" cocaine.

In Asia, where cocaine trafficking and use generally remain at low levels, the clearest indications of domestic cocaine markets were found in countries and territories with strong ties to Europe and the Americas. Several countries with large populations and increasing spending power, such as China, India and Viet Nam, also registered record-high or historically high levels of seizures in 2023 or 2024. While these quantities are still small in comparison with those seized in established cocaine markets, they point to the strong potential for the expansion of the cocaine market in Asia.

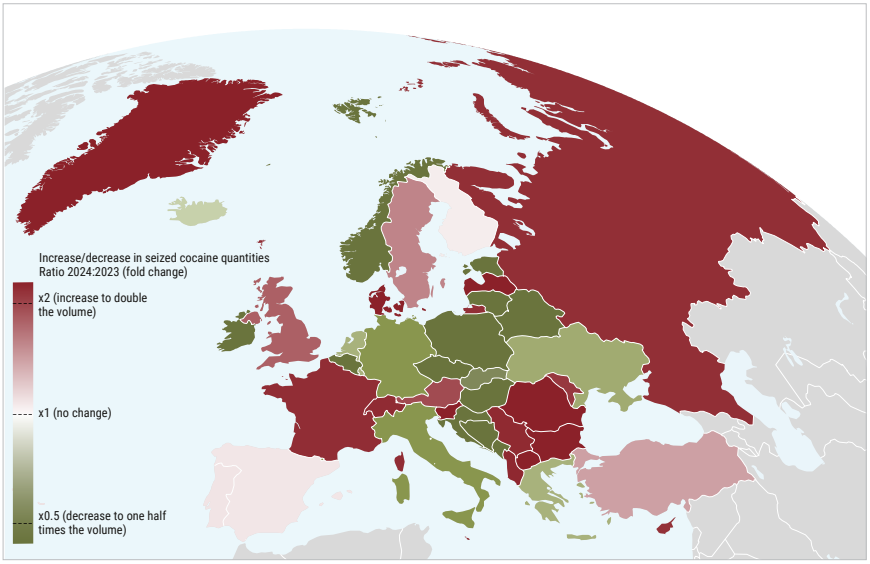
Similar to Africa, South-Eastern Europe is another subregion that has recently become increasingly affected by developing cocaine trafficking routes – in this case, those that supply markets in other subregions of Europe and in the Middle East. In several countries in South-Eastern Europe, seizure data suggest that the domestic retail cocaine markets are also impacted, which is confirmed by increases in treatment demand, prevalence of use and wastewater-based indicators.

Trend in the number of people in treatment for cocaine use disorders in the Americas and subregions of Europe with available data, 2011–2024

Among the established cocaine markets, different dynamics appear to be at play. In North America, despite an increase in seizure quantities during the period 2014–2017, recent demand-side indicators suggest that cocaine use and consumption may have stabilized at high levels. In Australia, wastewater measurements indicate strong growth in cocaine consumption since the low levels of August 2022, while high levels of annual seizure quantities were maintained throughout the period 2022–2024.

In Western and Central Europe, cocaine trafficking has undergone major shifts. Around 2024, interdiction efforts and international cooperation among law enforcement agencies may have contributed to an adaptation of trafficking routes and modalities by criminal networks. The quantity of cocaine seized increased sevenfold between 2014 and 2023, but in some countries typical retail purity and seized quantities both declined in 2024, possibly signalling localized disruptions as incoming flows adjusted to different entry points. Aggregate seizure quantities declined overall in Western and Central Europe, and shifted away from key ports in Belgium, Germany and Netherlands (Kingdom of the) towards France, Portugal and Spain. Detections of European-bound cocaine shipments related to containers decreased in the major European destination countries and increased in South America, suggesting a shift at the global level towards seizures closer to source. The number of container-based detections of cocaine bound for Belgium continued to increase, but the average size dropped by 39 per cent, reflecting a preference for lower-risk, smaller concealments within refrigerated container structures. Smaller ports also appear to be gaining importance. Overall, it appears that flows into Western and Central Europe have adjusted in terms of routes, entry points and trafficking modalities, but remain abundant.

Trend in quantities of cocaine seized in Europe, 2023–2024



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

WHAT TO WATCH

Methamphetamine market expansion

Methamphetamine continues to expand beyond traditional markets to new markets, approaching global ubiquity.

Globally, the methamphetamine market has grown at a sustained pace for several years. Up to the mid-2010s, it was largely – although not exclusively – a regional phenomenon concentrated in the established markets of North America, East and South-East Asia and Australia and New Zealand. Methamphetamine remains a major drug of concern in these regions, but in recent years it has also emerged and developed into new markets and is increasingly approaching global reach.

Although annual seizure quantities are subject to fluctuations, the trend in global methamphetamine seizures suggests an approximate annual growth rate of 13 per cent, as of 2024. This increase continues to be driven by quantities seized in East and South-East Asia. Although methamphetamine laboratories have been detected in various countries in this region, Myanmar continues to be the predominant source country for the methamphetamine market, as has been the case since the late 2000s. The internal conflicts that began with the military takeover in Myanmar in February 2021 have further heightened the reliance on drug-related proceeds while simultaneously disrupting law enforcement responses and facilitating the development of new routes. From Myanmar, a variety of land and maritime routes supply important consumer markets in the region, including large user populations in China, Indonesia, Malaysia, the Philippines and Thailand, and beyond to lucrative markets, such as Australia. However, demand in this region has begun to attract supply from other sources, including North America, West and Southern Africa and South-West Asia; the decreasing prices of methamphetamine in crystal form, in particular, corroborate the increased availability.

The expansion of the methamphetamine market raises particular concerns in view of the elevated potential for harm and for the development of dependence associated with this drug. While subject to inconsistent reporting, treatment data, combined with data on clandestine laboratories, suggest a long-term geographical expansion of the methamphetamine market, reflected, for example, in the increasing global proportion, among countries reporting data on treatment, of countries registering any treatment provision for methamphetamine as the primary drug of concern. In East and South-East Asia, methamphetamine remains foremost among the primary drugs of concern of people in drug treatment.

In North America, the methamphetamine market has stabilized at high levels, while continuing to be supplied mainly by organized criminal groups based in Mexico, according to authorities in the United States. Methamphetamine continues to contribute in a significant way to drug-related harm and figures disproportionately among drug types associated with drug use disorders. As of 2024, methamphetamine users constituted approximately 3.2 per cent of past-year users of any drug in the United States, but 5.6 per cent of people with a drug use disorder and 17.4 per cent of people with a severe drug use disorder (the last figure being slightly higher than the corresponding percentage for opioids, and almost triple the percentage for heroin). In addition to the regional consumer market, methamphetamine from North America is also feeding interregional flows, such as those across the Pacific Ocean to countries on the Western Pacific Rim, which is also impacting some Pacific island countries and territories in the process, in terms of both trafficking and use.

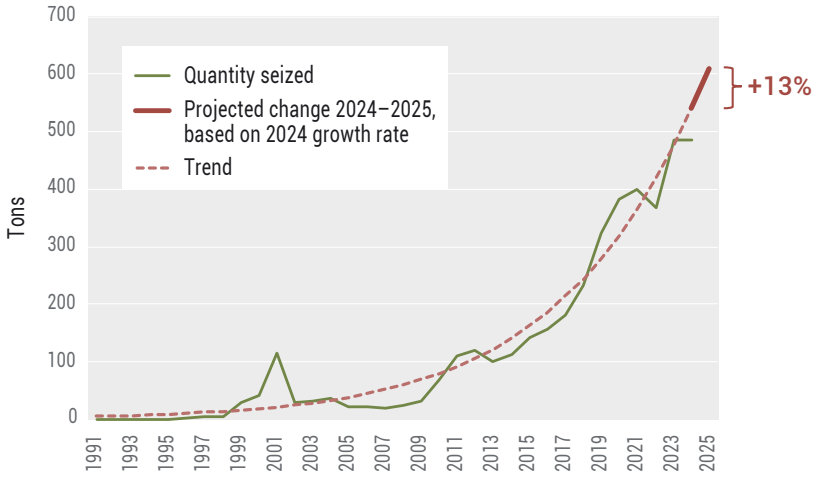
The potential for harm extends to other regions where the market is still developing, including transit and production countries, as has already been experienced in countries such as Mexico, where treatment provision for methamphetamine use disorders rose 25-fold over the period 2015–2023, reflecting increasing harm at the domestic level. That increase was matched by a sevenfold increase in emergency room admissions related to stimulants other than cocaine (including methamphetamine) over the same period. Another example of a developing market is Europe; based on data for the European Union together with Norway and Türkiye, 22 per cent of treatment entrants for methamphetamine reported injecting as a route of administration, in addition to 48 per cent of treatment entrants who reported smoking or inhaling as a route of administration.

Some studies also suggest a strong association between opioid and methamphetamine use, including elevated levels of methamphetamine use among opioid users, simultaneous or sequential use, and methamphetamine use by opioid users that is driven by the availability and low prices of methamphetamine. The latter can take the form of individual users managing opioid withdrawal in the absence of their drug of choice, but has also been documented to bring about changes in use patterns at the systemic level.

As is so often the case, it is the smaller, non-traditional markets that register the sharpest increases in seizure quantities in percentage terms; such markets include Africa, South-West Asia, South Asia and parts of Europe. In addition to the development of new trafficking routes, a major contributor behind the increases may be the gradual spread of methamphetamine production to new areas, among which the most notable in recent years has been South-West Asia. Since around 2019, this region has emerged as a major source region for the drug (as well as being a region known for its long-standing production of opiates); a wide variety of neighbouring, as well as distant, countries have reported seized methamphetamine originating in this region, in particular from Afghanistan. The possibility of producing methamphetamine without resorting to illicit cultivation, and thus producing it more covertly than opiates, may have hindered the implementation of the drug ban of April 2022 in Afghanistan – the ban does not seem to have had a strong effect on methamphetamine production, in contrast with the large reduction observed in opium production. Other regions which have recently experienced notable developments in terms of methamphetamine production include parts of Africa and Europe.

The expansion of production to new areas may, in part, have been facilitated by the relative ease with which methamphetamine can be produced; there are various avenues of production, including different, purely synthetic, pathways and the use of the ephedra plant. The strengthening of controls on ephedrine and pseudoephedrine, precursors for methamphetamine which also have medical uses, has resulted in a gradual shift towards the use of P-2-P (also known as BMK) as an alternative chemical pathway. This shift was initially observed in North America around 2008, where it was facilitated over time by technological innovation and accompanied by a parallel shift away from numerous, small-scale laboratories to industrial-scale establishments. Similar patterns have been observed in Africa and Europe. In both cases, the specificities of detected instances of production suggest that the developments,

Long-term trend in methamphetamine seizures, 1991–2025



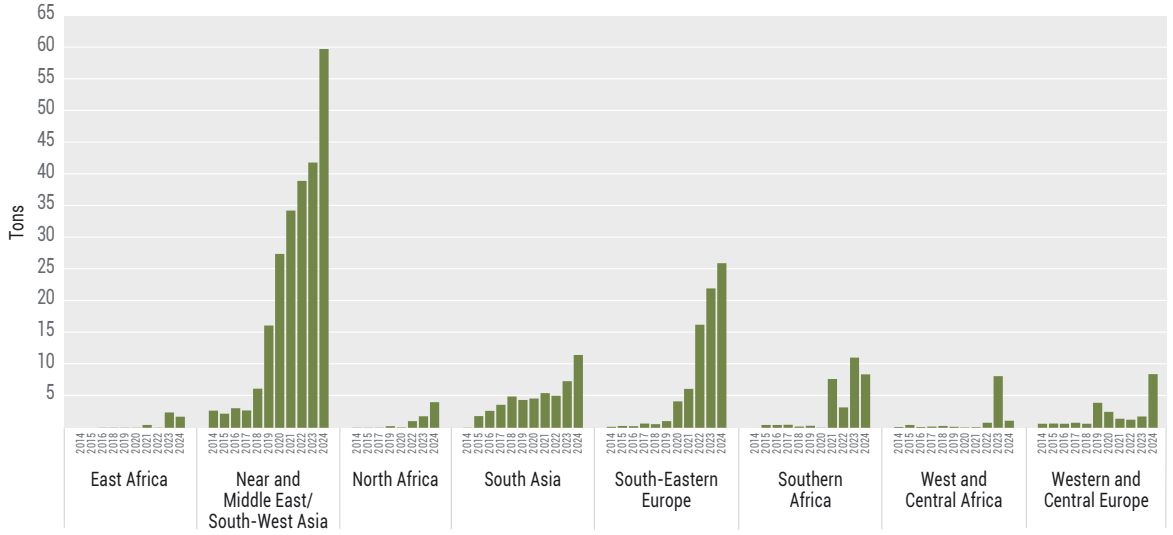
including the progression to P-2-P-based methods, have been facilitated by the exportation of relevant expertise from Mexico. Since the 2010s, the P-2-P route has increasingly entailed various unscheduled precursors of P-2-P itself being used as the starting chemicals. In response, several such chemicals have, one after the other, been the subject of scheduling decisions since 2011.

Recently, the involvement in methamphetamine manufacture of Mexican nationals with alleged links to organized criminal groups based in Mexico has also been observed in South Asia. Countries in this region have also recorded small numbers of methamphetamine laboratories, in addition to increasing seizures and incoming flows from both South-West and South-East Asia. It appears that the recent conflict dynamics within Myanmar have facilitated the development of new westward trafficking routes into South Asia, as reflected in seizures on both sides of the border between India and Myanmar and in the Andaman Sea.

In Western and Central Europe, P-2-P-based methods were adopted alongside the continued manufacture of amphetamine, of which P-2-P is a key precursor. Similar dynamics could develop – if they are not already at work – in the Near and Middle East, where an entrenched market for amphetamine (in the form of "captagon") likely incurred a disruption owing to the change of government in the Syrian Arab Republic in December 2024. There is limited evidence of the presence of methamphetamine laboratories in this region, with the bulk reportedly originating in South-West Asia. However, in some countries in the Near and Middle East, methamphetamine now accounts for the largest share of drug-related treatment admissions. In neighbouring Türkiye, methamphetamine has recently become the foremost drug of concern, overtaking heroin and "captagon" in terms of treatment provision and number of seizure cases.

In Africa, methamphetamine manufacture was initially limited to Southern Africa (in the early 2000s) and subsequently took root in West Africa (in the early 2010s, in particular in Nigeria), and there are now also indications of its emergence in East Africa. Methamphetamine use appears to be following the same trajectory, being most pronounced in Southern Africa and increasingly showing signs of emerging in West and

Seizures of methamphetamine in selected subregions outside established markets, 2014–2024



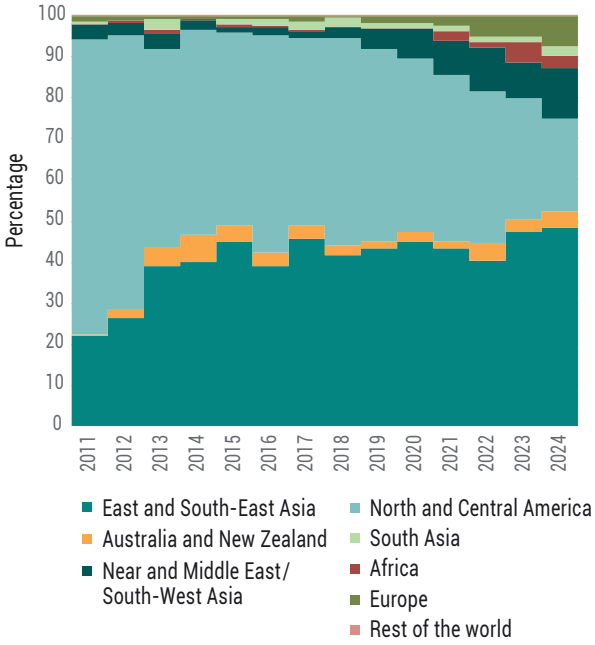
Central Africa, although methamphetamine from West and Central Africa mainly supplies other markets. In parallel, in South Africa, one study estimated the number of daily users of methamphetamine in the country at around 220,000 in 2020. In addition to domestic manufacture in that country, trafficking is conducted from South-West Asia across the Indian Ocean to Southern Africa, likely contributing to emerging or increasing use in East African markets. Since 2022, treatment data have also confirmed users of methamphetamine among patients receiving drug-related treatment in East Africa.

In Western and Central Europe, methamphetamine manufacture has shifted from geographically limited, small-scale production intended for the small domestic markets of specific countries to laboratories in a broader range of countries, including large-scale laboratories, and has come to cater for more widespread consumption in the region, as well as for exportation outside the region. Methamphetamine also flows into this region from North America. In 2024, methamphetamine seizures in Netherlands (Kingdom of the) and Spain both increased sharply to record levels; these included one major seizure in Spain that was reportedly linked to an organized criminal group based in Mexico. Wastewater measurements suggest that, among countries in Western and Central Europe, consumption is still most pronounced in and around central parts of the subregion, but that it also affects various parts of northern and southern Europe, including pockets in the Iberian Peninsula.

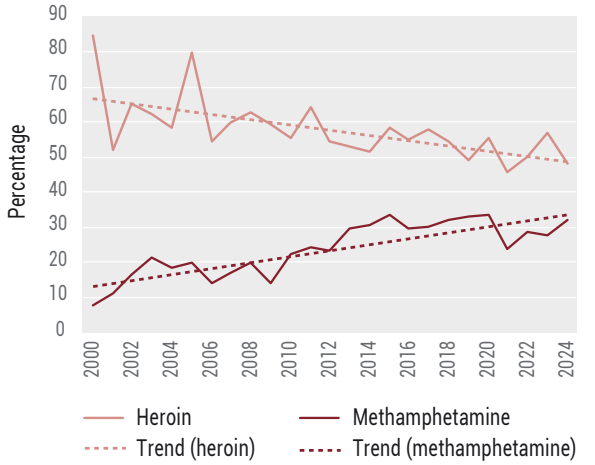
In Australia and New Zealand, the latest available data indicate that the prevalence of methamphetamine use in the general population has declined, but that the related health harm has remained high. As of 2025, the most recent wastewater data indicate that consumption of methamphetamine in both countries has recently increased considerably.

Overall, methamphetamine use and trafficking continue to consolidate in developing markets, to expand to new markets and to result in developing use patterns and significant health harms in established markets.

Global distribution of methamphetamine seizures, 2011–2024



Global share of countries reporting treatment provision for heroin and for methamphetamine, among countries reporting treatment for any drug, 2000–2024



WHAT TO WATCH

Synthetic drugs market in the Near and Middle East

The synthetic drugs market in the Near and Middle East remains dynamic, following disruptions in the supply of "captagon".

For many years, countries in the Near and Middle East have been affected by the manufacture, trafficking and use of synthetic drugs, notably of tablets sold under the name of "captagon". These consist mostly of illicitly manufactured amphetamine mixed with other substances, such as caffeine. The main consumer markets for "captagon" are countries in the Arabian Peninsula, although there are also indications of use of the drug in some North African countries.

In all years over the period 2010–2024, reported data on trafficking routes, in combination with data on seizures, pointed primarily to the Syrian Arab Republic, followed by Lebanon, as the countries of provenance of the vast majority of seized "captagon". Shipments to final destination markets were both direct and indirect, the latter by way of Europe and also by way of countries in North and West Africa.

The change of government in the Syrian Arab Republic in late 2024 resulted in a profound change in the "captagon" market, whose ripple effects are likely still playing out. According to the country's authorities, since December 2024, 16 laboratories, mostly of industrial scale, have been dismantled in the country, as have 15 facilities for storage, suggesting that a long-standing production stream of "captagon" was severely disrupted. Another development was that many operators of laboratories sought to quickly rid themselves of the stocked "captagon" that had accumulated over previous years, thus increasing the quantities of the drug trafficked and hence facilitating its seizure.

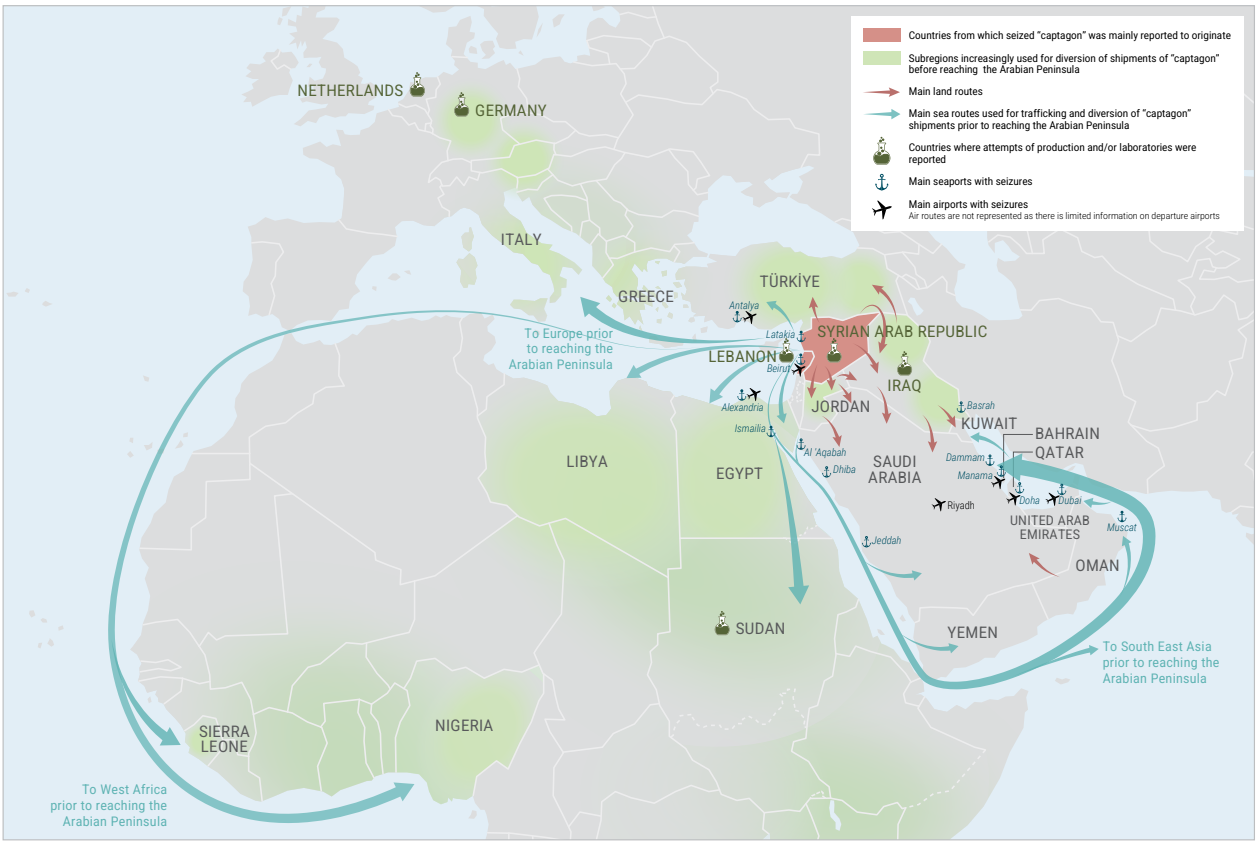
Indeed, partial data on seizures, based on available records of individual seizures, suggest a sharp increase, in 2025, in seizures of "captagon", both in the Syrian Arab Republic and in neighbouring Lebanon.

In Lebanon, the trafficking of "captagon" appears to have expanded from around 2011, in parallel with the outbreak of the conflict in the Syrian Arab Republic. Over time, criminal networks operating in the country and across the border area between the two countries increased their participation in the illicit supply chain, becoming involved in the manufacturing cycle and benefiting from connections at the political and security levels, including cross-border connections with the former regime in the Syrian Arab Republic.

Following the disruptions of late 2024, the weakening of such networks and the realignment of alliances in the region likely facilitated significant law enforcement successes close to the border between Lebanon and the Syrian Arab Republic. As an immediate consequence, the price of a "captagon" tablet sold in Lebanon more than doubled, from $2 to $3 per pill to $5 to $7 per pill.

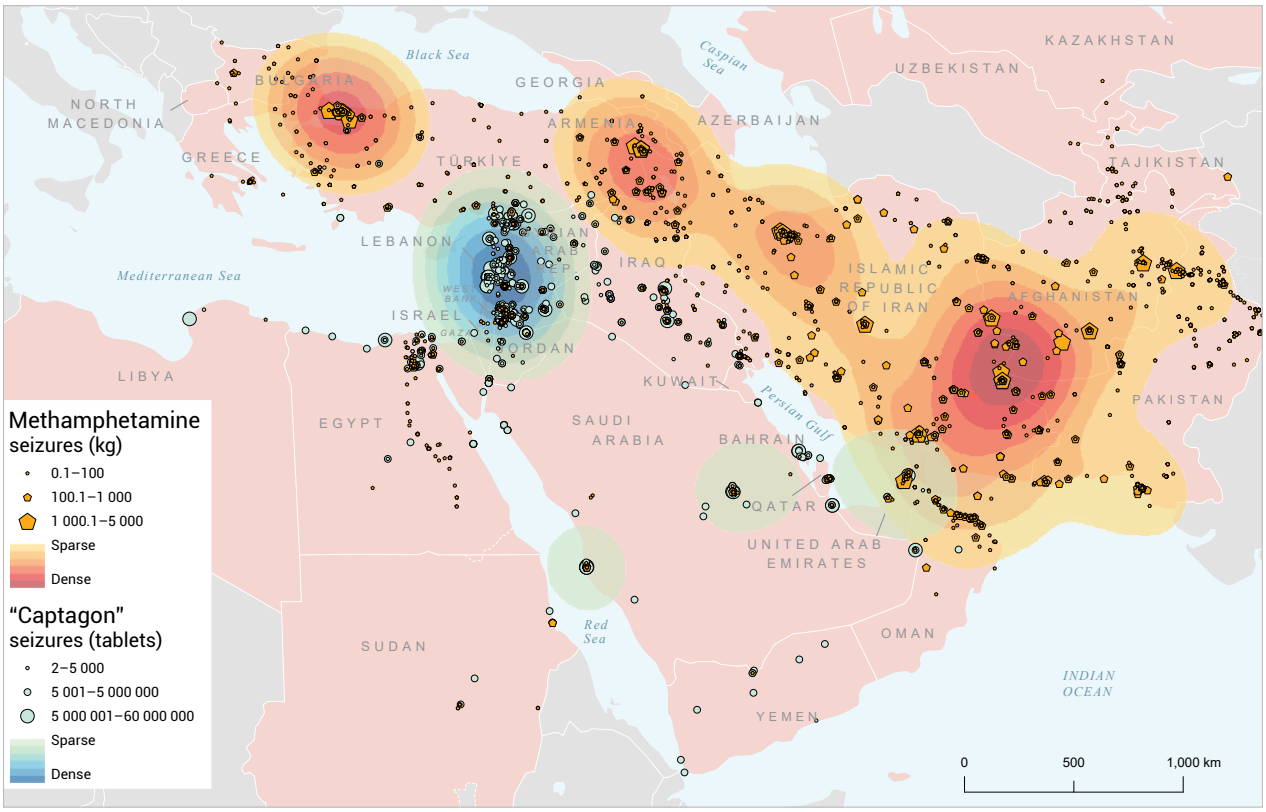
The outcome of the above developments is yet to become clear. Firstly, despite the turn of events in the Syrian Arab Republic, and its ripple effects in Lebanon, it is possible that clandestine manufacture continues – albeit on a smaller scale and through more fragmented structures – alongside increased complexity in cross-border trafficking patterns. Secondly, there have been also reports of a reconfiguration of "captagon" manufacturing over the past year as traffickers seek out new locations, resulting in a partial shift in such manufacturing towards other countries in North, Southern, West and Central Africa – and other parts of the Near and Middle East.

Main trafficking routes for counterfeit “captagon”, 2021–2025



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

Main seizures of methamphetamine and "captagon" reported in and around the Near and Middle East/ South-West Asia, 2021–2025



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Thirdly, these changes are occurring in the context of the recent expansion of the supply of methamphetamine in South-West Asia. At the same time, a market for this drug is increasingly showing signs of taking hold in the Middle East. Methamphetamine is now found in the region in multiple forms – predominantly as crystal methamphetamine, but also in liquid and tablet form. In addition, liquid methamphetamine has been detected on impregnated paper, used for both trafficking and consumption. In the Arabian Peninsula, historically a major market for "captagon", methamphetamine (referred to informally as "shabu") was linked to drug overdoses in the late 2010s. In Saudi Arabia, methamphetamine use, which is believed to have taken root among people who used "captagon", appears to have increased, and methamphetamine is currently assessed to be among the three most commonly used drugs, alongside cannabis and "captagon". Over the period 2020–2023, significant quantities of methamphetamine were also seized annually in the neighbouring United Arab Emirates.

Methamphetamine flows into the Middle East predominantly from the east, either across the extensive land border between Iran (Islamic Republic of) and Iraq or directly into the Arabian Peninsula by sea, largely independently of the "captagon" flows from the west. However, given that amphetamine and methamphetamine are related chemicals and even share P-2-P as a common precursor, in principle there is a risk of convergence in terms of manufacture, not to mention use – although the precise chemical pathways and precursor chemicals used so far for "captagon" synthesis remain unclear. In May 2024, a laboratory for both "captagon" and methamphetamine manufacturing was dismantled in Iraq in the north-eastern province of Sulaymaniyah, adjacent to the Islamic Republic of Iran. Iraq is thus at the crossroads of the land-based trafficking routes from east and west. In 2012, methamphetamine and "captagon" were both identified as new drugs of concern in the country and by 2020, a clear increase in use had been reported among groups of all ages and sexes, including both employed and unemployed persons. Recent years have seen significant increases in the seized quantities of both of these drugs in Iraq.

The above developments raise the possibility of a shift in use patterns, from amphetamine to methamphetamine, or even a merging of the two markets and a conflation of the two drugs; such developments would likely exacerbate the associated harms.

The illicit manufacture and trafficking of other synthetic drugs are also evolving in the region. Countries in the Near and Middle East and in North Africa are increasingly reporting seizures of pregabalin originating from South Asia, while the trafficking of tramadol also continues to be reported. In addition, synthetic cannabinoids have recently emerged. Overall, the situation remains complex and highly dynamic.

WHAT TO WATCH

Ketamine, a complex market

The non-medical use of ketamine is increasing in several parts of the world, while sourcing and trafficking continue to diversify.

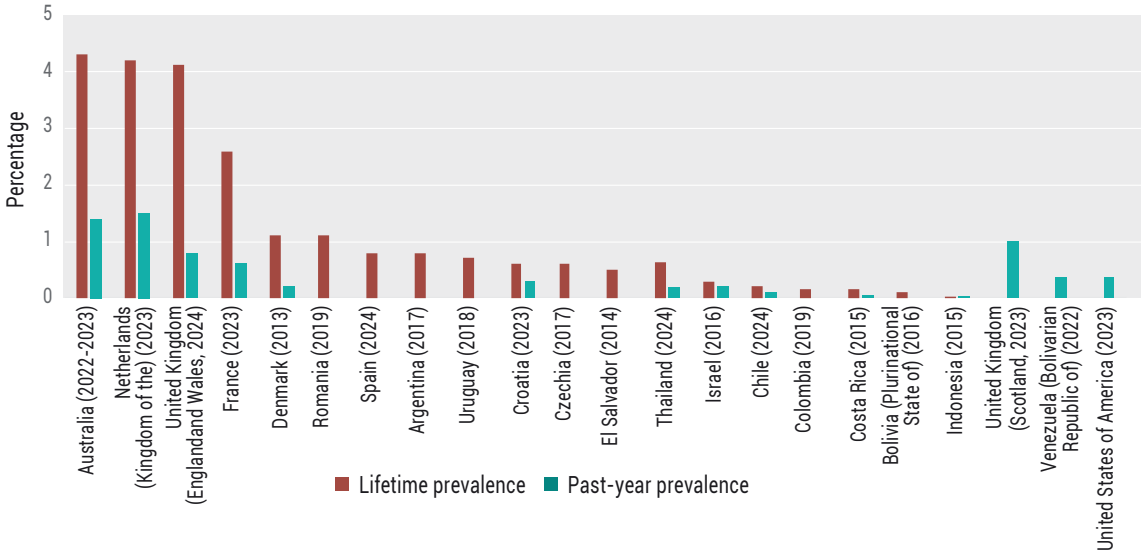
Ketamine is a widely used medicine, listed by WHO as an essential medicine, that is not under international control. Yet, the non-medical use of ketamine is increasingly being reported in many drug markets across different regions.

Ketamine is used in human and veterinary medicine, mainly as an anaesthetic with a wide safety margin (i.e. it is safe at various doses) and in the management of pain. Ketamine plays a critical role, for example, in anaesthesia, trauma and emergency care, including in many low-resource health systems and conflict-affected areas. More recently, it has been studied for its potential in psychiatry, and its S-isomer, esketamine, has been authorized as a medication for treatment-resistant depression in a number of countries, mostly as an adjunct treatment drug. The use of ketamine in psychiatry has been expanding over the past 20 years in relation to a number of conditions, but it has been expanding more markedly in recent years, according to a growing number of studies and sales data.

Only five years after ketamine was first synthesized in 1962, the first accounts of its non-medical use emerged. In the following decades, ketamine use became established among people who use drugs, at first in the 1980s and 1990s in the dance scene in the United States and Western Europe. Although the non-medical use of ketamine declined in those areas at the turn of the new century, it then surged in East and South-East Asia.

At present, in most countries, the use of ketamine among the general population does not surpass that of established controlled drugs. Among 16 countries with national data (which are more likely to be available where use is somewhat relevant), the estimate of non-medical use of ketamine in the past year among those aged 15 to 64 was 0.3 per cent (median; ranging from zero to 1.5 per cent), compared with a global estimate of 4.8 per cent in the case of cannabis, 0.6 per cent in the case of amphetamines and 0.5 per cent in the case of cocaine.

Use of ketamine, most recent data from population surveys, 2013–2024



Patterns of non-medical ketamine use vary widely. Doses vary from 10 mg to 450 mg, with lower doses predominantly having stimulatory effects and higher doses having psychedelic effects. Earlier studies showed that the patterns of ketamine use in East and South-East Asia were associated with lower doses or routes of administration that led to lower bioavailability (such as smoking) and thus mostly resulted in stimulatory effects. In Europe, however, ketamine was used in higher doses, more often for its psychedelic effects. The drug is mostly snorted or used orally, but injecting, smoking, vaping or rectal use have also been reported.

Ketamine is often used by people in drug mixtures, both knowingly and unknowingly, for example those marketed as "pink cocaine", "tuci" or "tucibi", which were observed originally in South America and, later, in North America, Australia and Western and Central Europe. In South and Central America and the Caribbean, ketamine is a consistent component in such mixtures, alongside substances such as MDMA, caffeine and other compounds; these mixtures represent a shift from single-substance use to branded poly-substance products. A worrying recent development has been that some samples of pink powders, some of them marketed as "tusi", recently analysed in the United States, contained opioids including tramadol and fentanyl. Another widely available drug mixture containing ketamine is "happy water", which continues to be detected in multiple countries in East and South-East Asia. More recently, "K-pods", vaping mixtures containing etomidate (a short-acting anaesthetic) and/or ketamine, have been detected in Thailand. In some countries, ketamine has also recently been detected in "ecstasy" tablets (e.g. in Singapore, Thailand and the European Union), but also in cocaine (e.g. in Ireland) and in fentanyl (e.g. in Canada).

Recent trends show that the use of ketamine is increasing in several parts of the world. Among them are Australia, the United States and Western and Central Europe (in particular, Belgium, Ireland, Netherlands (Kingdom of the) and the United Kingdom, including among adolescent users). Several countries in the European Union report a clear increase in the number of people seeking treatment for ketamine use disorders since 2015 or 2016. In parallel, ketamine-related deaths in Germany have been increasing in recent years and, more recently, increases in indicators of use have again been observed in East and South-East Asia after decreases from high levels in the 2010s. In addition, there is indirect evidence from wastewater analysis in some cities in South America (especially in Brazil and Chile) and in Canada of the continuing non-medical (including the possible quasi-medical) use of ketamine.

The reasons for the medium-term (over approximately five years) increases in the non-medical use of ketamine are not fully understood, but some factors are known to play a role. Availability of the drug on illicit markets appears to be on the increase, as suggested by (a) increasing numbers of seizures in Western and Central Europe, along with increasing ketamine imports (against the backdrop of limited and stable legitimate medical and veterinary use), and in the United States, even though seizure quantities at the global level have fluctuated in recent years and have actually fallen since the peak of 2022; (b) increasing illicit production in some countries in East and South-East Asia (such as Cambodia, the Lao People's Democratic Republic, Myanmar and Viet Nam); (c) the relatively easy availability of the substance through the dark web and social media apps; and (d) significantly lower prices compared with other substances such as cocaine (e.g. in the United Kingdom). Moreover, in contrast to many other drugs, ketamine sold on the illicit drug market has a rather high purity: for example, 1,366 samples tested between 2019 and 2024 through European drug-checking services showed a weighted average purity of 82 per cent, while retail purity in East and South-East Asia varied between 83 per cent in China and 97 per cent in Thailand.

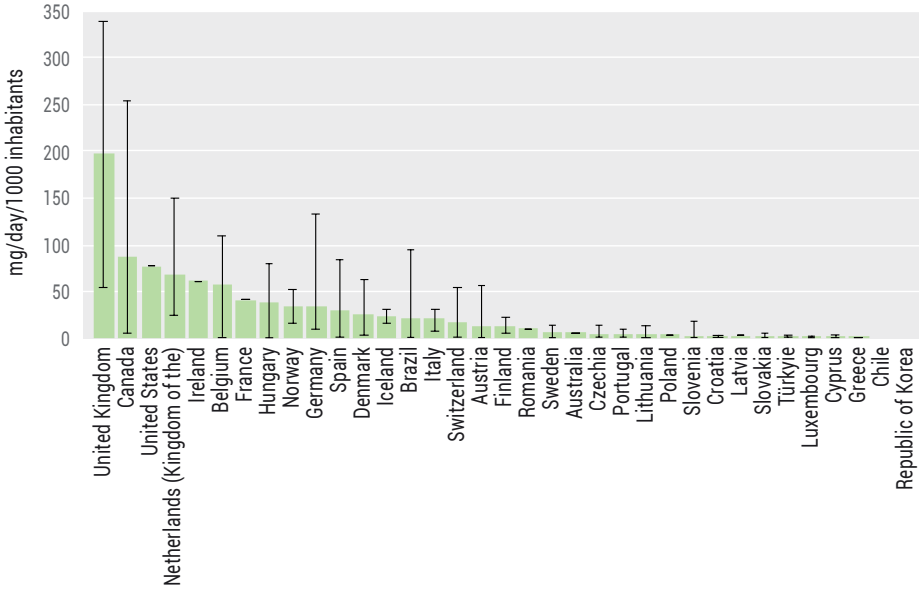
The ketamine used in illicit drug markets can be either diverted from the medical supply chain or manufactured illicitly. Countries in Western and Central Europe, where ketamine on the illicit market mainly originates from diversion, after importation into Europe, from large-scale legitimate manufacture, identify India as the most common source country for the drug in their domestic illicit markets; the available data on licit trade of ketamine, although they are limited, suggest that most of the world's licit exports of ketamine may originate in India. At the same time, the

main European countries of departure and transit of ketamine, identified by countries worldwide over the period 2020–2024, were Netherlands (Kingdom of the), followed by Germany, Belgium and the United Kingdom, while the main Asian countries were Thailand, India, Myanmar, Viet Nam and China. Germany appears to have emerged as one of the main redistribution centres in Europe for the ketamine present on illicit markets. This suggests that, at some stage in the supply chain, some of the originally licit ketamine is diverted and then ends up on illicit markets in Germany and beyond. Germany is among a number of countries in Europe where ketamine is not controlled under the national narcotics law but under a less strict medicinal law, in this case the "Arzneimittelgesetz" (Medicinal Act).

In contrast, the market for ketamine in East and South-East Asia seems to rely on the illicit manufacture of the drug; over the past five years, this phenomenon appears to have shifted from China, where two key intermediates have been controlled since 2008 and 2012, to other nearby countries (such as Malaysia, Myanmar, Cambodia, the Lao People's Democratic Republic and, recently, Viet Nam). In addition, in recent years, there has been an expansion in trafficking of ketamine, with seizures being reported by an increasing number of countries, possibly reflecting a combination of increased availability of the drug and, in some countries, increased control measures at the national level.

One factor which may have inadvertently been contributing to the increasing use of ketamine in some countries may be the increasing medical use of ketamine, especially in psychiatry, and the rise of "ketamine clinics" (which provide supervised ketamine-based therapies for mental health conditions) in North America and Western and Central Europe. In one study conducted in the United States among people who have tried at-home ketamine therapy, 55 per cent reported either accidentally or purposefully using more than the recommended dose. At the same time, there is also a large grey area of quasi-medical ketamine use, where ketamine is either prescribed by doctors off-label or directly bought on the black market

Average ketamine residue in wastewater based on city data, grouped by country, 2025 (or latest year available)

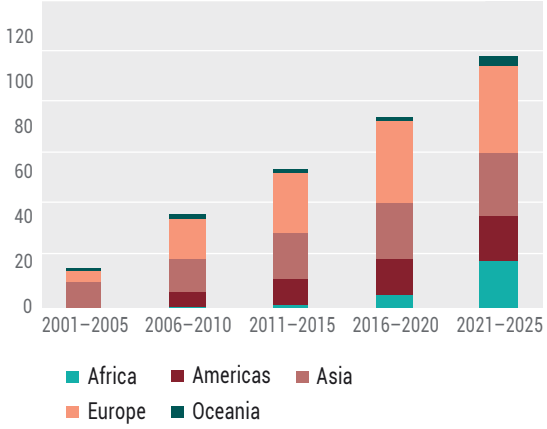


by people for the purpose of self-medication, often after seeking advice online.

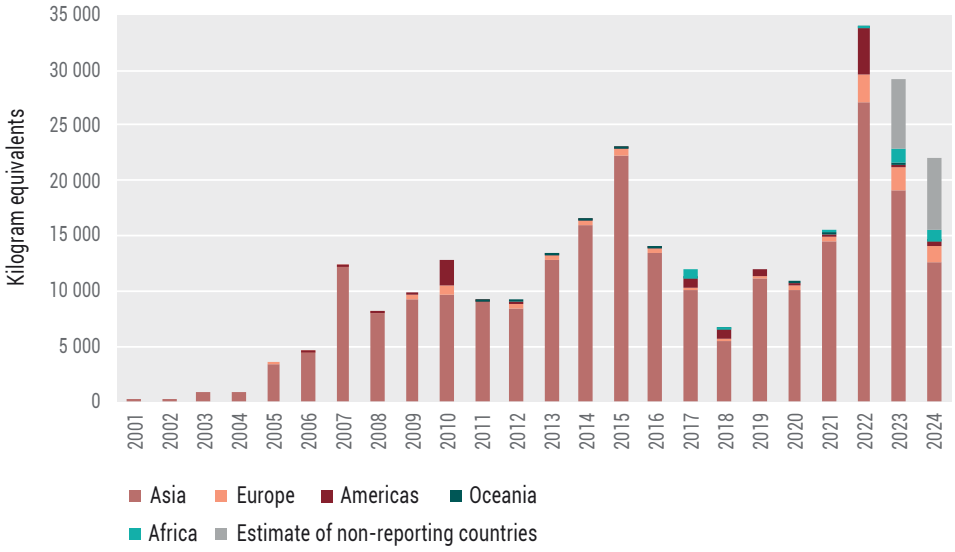
Levels of non-medical use of ketamine are not uniform across the general population; besides persons interested in self-medication, ketamine is often used by young people, in nightlife and festival settings, and by men who have sex with men in the context of "chem-sex". The dissociative effects induced by ketamine may contribute to behavioural disinhibition and risk behaviours which have been associated with the spread of infectious diseases. In addition, although the role of ketamine in fatal and non-fatal overdoses is relatively small, it has increased in recent years (e.g. in the United Kingdom).

Increasing levels of non-medical use of ketamine raise concerns because the long-term use of ketamine may result in a number of adverse health effects, including dependence and effects on the central nervous system, the cardiovascular system, cognition and the urinary and gastrointestinal tracts (specialized clinics have been established in Western and Central Europe to treat urologic complications associated with ketamine use). Further complexities in the adverse health effects of ketamine and their treatment arise from interactions with medicinal drugs and with controlled drugs with which ketamine is often mixed.

Number of countries reporting seizures of ketamine, 2001–2025



Global quantities of ketamine seized, 2001–2024



WHAT TO WATCH

Recent changes in cannabis markets

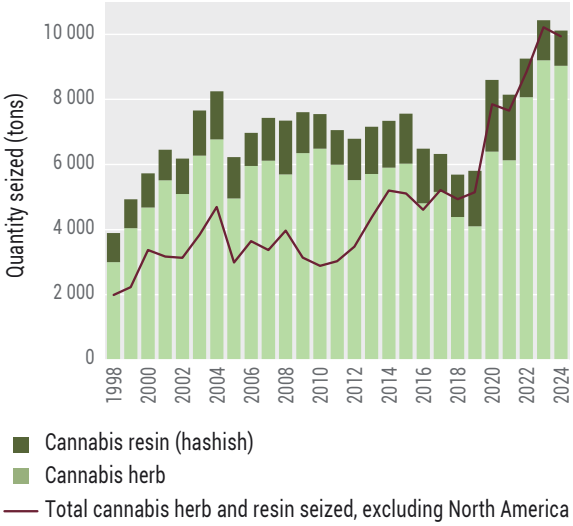
Cannabis trafficking is becoming increasingly interregional and traffickers are reacting to changes in legal and social norms.

Cannabis continues to be the most widely trafficked and consumed drug worldwide. On the basis of the latest available data, cannabis accounts, globally, for more than one half of drug seizure cases (2024) and for around 40 per cent of people with a drug use disorder (2023). In 2023 and 2024, aggregate quantities of cannabis herb and cannabis resin seized – the two main long-standing types of cannabis sold on the illicit market – reached historically high levels, despite a steady decrease over the period 2011–2024 in the quantities seized in North America. The overall increase from the low point of 2019 was driven mainly by the quantities seized in Africa, which has come to account for more than half of the quantity of cannabis herb seized globally.

Seizures of cannabis products continue to be predominantly in the form of cannabis herb. In 2024, the total quantity of cannabis resin seized was at its lowest since 2011, and was concentrated in Western and Central Europe, North Africa and South-West Asia.

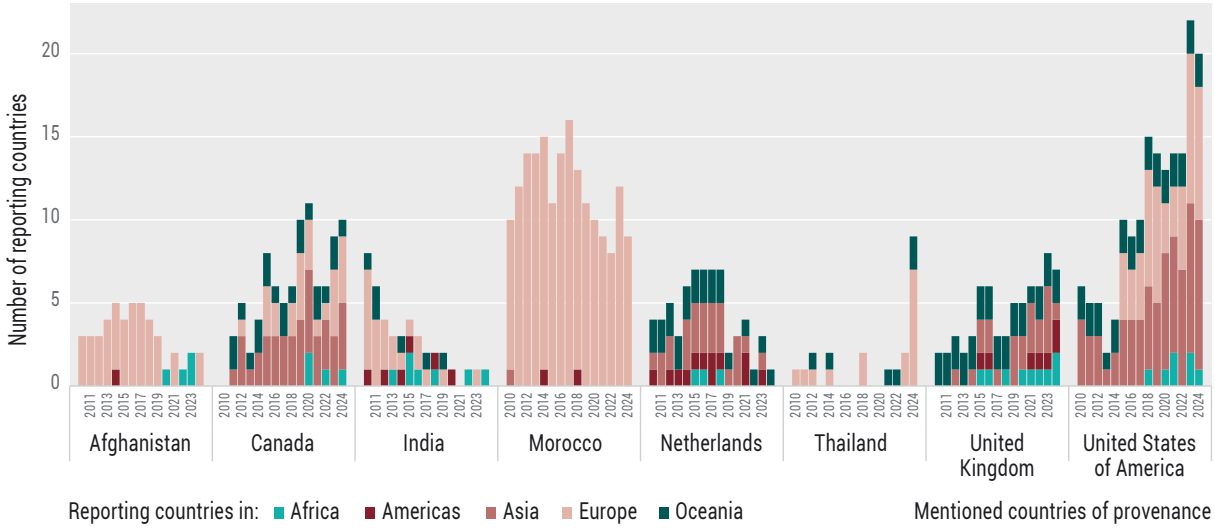
Cultivation of the cannabis plant occurs in virtually every country worldwide, and trafficking of cannabis herb continues to be predominantly intraregional. However, in recent years, the importance of interregional flows has increased. On the basis of data on the provenance of cannabis reported by Member States, in 2024, the share of reports referring to a country from the same subregion was at its lowest on record. At the interregional level, international cannabis trafficking has somewhat declined from historically important sources, such as Afghanistan, Morocco and Netherlands (Kingdom of the). By contrast, countries in North America were mentioned as sources of cannabis with increasing frequency: 57 countries or territories outside the subregion over the period 2015–2024, compared with 11 countries or territories over the period 2005–2014.

Global quantities of cannabis seized, 1998–2024



The nature of illicit cannabis products in some markets has changed, with potency (THC content) going up in both the United States and, collectively, in the European Union, alongside reduced levels of cannabidiol (CBD). This change appears to have been achieved through a combination of genetic selection by means of plant breeding – aimed at producing high-potency cultivars – and certain cultivation practices, such as removing male plants or using feminized seeds in order to prevent pollination. Indoor cultivation, allowing the optimized control of light, temperature, humidity and nutrients, has also played a part. In Europe, one of the first countries where these trends became visible was the Kingdom of the Netherlands, where the potency of cannabis products sold in coffee shops increased sharply in the early 2000s, especially in the case of locally produced cannabis – both herb and resin – while cannabis trafficked from abroad typically had lower potency. The latter included cannabis resin from Morocco, whose potency increased in the late 2010s. Morocco remains one of the source countries for cannabis trafficked to and within Europe. At the same time, there are indications that measures taken by Spanish

Frequently mentioned countries of provenance of cannabis trafficked across regions, 2010–2024



law enforcement authorities from 2018 onwards to curb this flow occurred in parallel with the increased production of cannabis herb within Europe, as well as with an adaptation in maritime routes for cannabis resin around the Strait of Gibraltar.

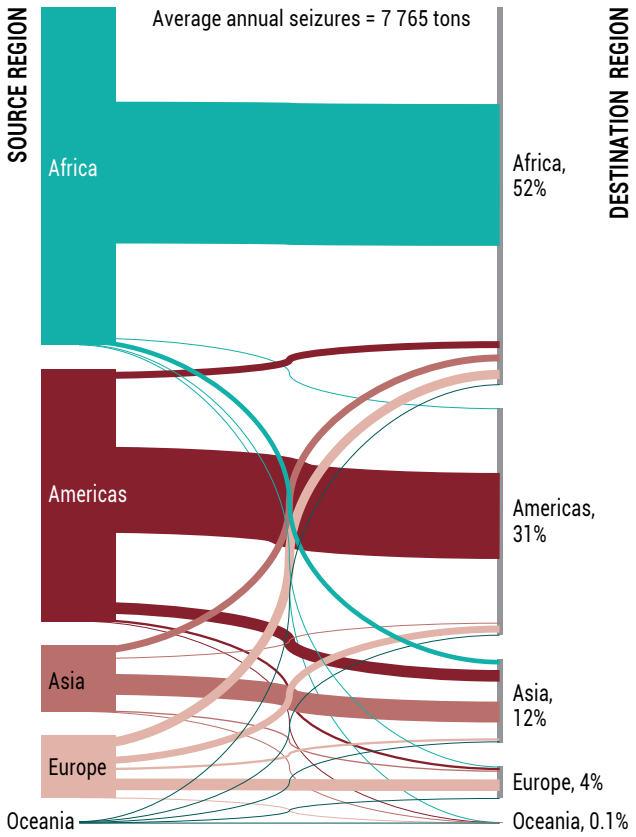
The above developments in the illicit supply chain of cannabis have been taking place within the broader context of the diversification of the illicit drug market and of changes in legal frameworks in certain countries.

In line with the broader trend of products and concoctions containing mixtures of psychoactive substances, which often have a variable and uncertain composition, cannabis is sometimes found or used in combination with other substances, with or without the knowledge of the people who use the products. One study, which analysed products purchased in the United Kingdom during the period 2013–2024 as cannabis or cannabis-derived products, found that one third of those products contained a psychoactive substance not derived from the cannabis plant, 43 per cent contained no naturally occurring cannabinoids, and 6 per cent contained both naturally occurring cannabinoids and other psychoactive substances. In addition to cannabis-derived substances, the main psychoactive substances detected were synthetic cannabinoids, but small numbers of samples were also adulterated with cocaine, ketamine and opiates. In Africa, concoctions have been reported where cannabis is mixed with codeine and tramadol (“gutter water”) and alcohol (“monkey tail”), as have long-standing combinations with heroin (“nyaope”) and methaqualone (“white pipe”). Cannabis may act as an entry point to mixtures containing opioids or other psychoactive substances. Moreover, several countries in Africa have recently highlighted increases in the use of cannabis or THC-infused products, including products with higher potency, especially among youth.

In the European Union, low-THC herbal material, likely sold on the illicit market as cannabis, is increasingly found to be enhanced with synthetic and semi-synthetic cannabinoids, some of which are highly potent. Indeed, in the longer term, the proliferation of new synthetic cannabinoids, marketed in various product

forms as stand-alone legal substitutes for cannabis, may have contributed to a general competitive environment that incentivized the creation of ever more potent strains of cannabis. Synthetic cannabinoids emerged in Europe in the mid-2000s and apparently gained popularity (possibly through media exposure) in 2008, coinciding with the start of a sustained broadly increasing trend in cannabis potency in the European Union lasting through to 2024.

Estimated trafficking flows of cannabis herb, 2020–2024



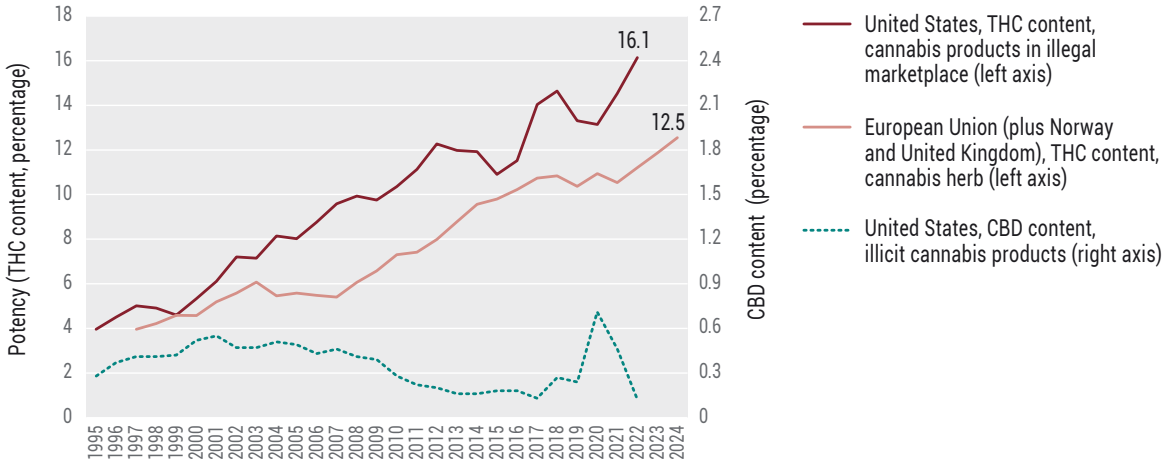
In the case of North America, a similar relationship, driven by market competition, may have played out between the increasing availability and variety of cannabis products (mostly derived from the cannabis plant rather than of synthetic or semi-synthetic origin) from legal supply chains, such as high-potency concentrates and extracts, and the rise in potency of cannabis in the illegal supply chain. Canada reported that, in 2023, illegal cannabis was often more potent and cheaper than regulated, legal market products, and this was seen as a way for illegal supply chains to retain their customer base. In the United States, the increase in cannabis potency appears to have started around 2000, while several indicators suggest that the acceptability, perceived availability and accessibility of cannabis increased significantly from the 1990s as a result of various factors, including changes in social norms and, subsequently, legal frameworks. More recently, one study in the United States examined the cannabinoid profiles of cannabis samples obtained during the period 2013–2022, and compared illegal samples with legal samples from states with a medical cannabis programme. The study concluded that cannabis available across the United States was generally of a closely related genetic origin; however, the cannabis from legal dispensaries tended to contain more THC and less CBD than the cannabis seized from the illegal market.

Furthermore, some countries where cannabis has entered commercial supply chains (indefinitely or temporarily) appear to be increasingly used to source cannabis for illicit markets elsewhere. Various official and open-source data indicate that major entry points to the illicit drug market in Europe, whose role was previously associated with other drugs, such as the ports of Antwerp, Belgium; Rotterdam, Kingdom of the Netherlands; and Hamburg, Germany, are increasingly being used for cannabis trafficked along new routes. In 2025, customs authorities in the Kingdom of the Netherlands seized 65.5 tons of cannabis, a fourfold increase compared with the amount seized in 2024, coming mostly from Canada, Thailand and the United States. In addition to seizures at seaports, seizures were made from air cargo and air passengers. Similar patterns have reportedly been observed in Belgium,

Germany and Spain. Organized crime plays an important role in these activities, both in source and destination countries. Canada reported that, among identified Canadian-based organized criminal groups involved in the cannabis market in 2023, the vast majority were already involved in the illegal market prior to the legalization of the non-medical cannabis market, and there were indications that some were abusing legal production licences. Some open sources suggest that consignments in Belgium and Netherlands (Kingdom of the) from North America are of low quality, suggesting that some of this cannabis is produced outside the constraints of the licensed production chain. A possible sign of similar dynamics evolving within Africa was that the United Republic of Tanzania reported an observed increase, in 2023, in the trafficking of high-potency cannabis from African countries with legal provisions allowing cannabis cultivation.

Within Asia, the largest consumer market for cannabis herb is India, which is supplied to a large extent (but not exclusively) by cultivation within its own territory; however, the quantity of cannabis herb seized in India declined steadily over the period 2021–2024. South-West Asia remains a source for cannabis resin trafficked outside the subregion, although seizures in South-West Asia declined fourfold between 2020 and 2024.

Selected trends in cannabinoid content in illicit cannabis products in the United States and Europe, 1995–2024



IN FOCUS

IN FOCUS

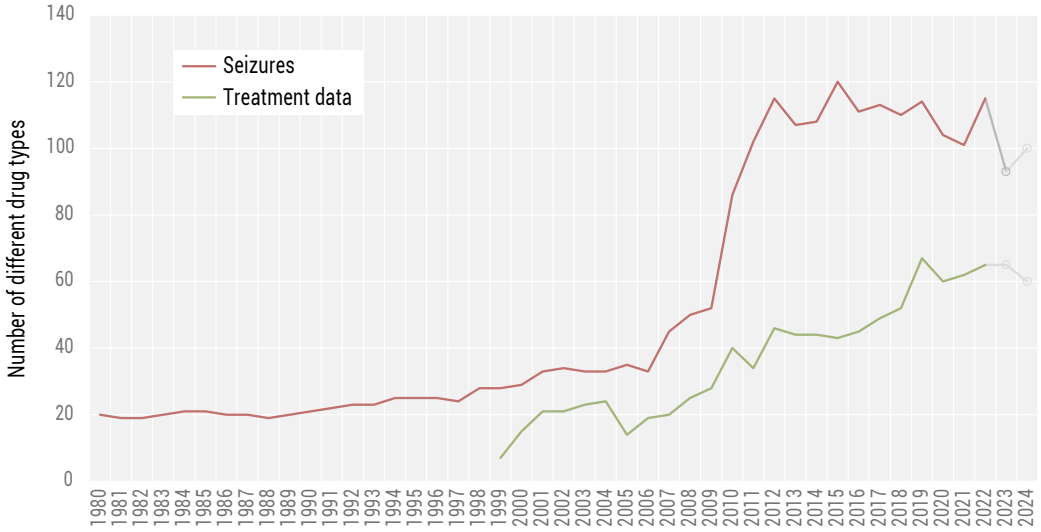
Diversification of products

Drug markets have become more complex and characterized by rapid changes, with a broadening array of drug products, including mixtures, being offered to consumers.

Drug markets are becoming more complex and fast-evolving. An expanding range of substances and drug products, including mixtures, is now reaching consumers. Likewise, product forms and routes of administration are becoming more diverse. This diversification has introduced significant uncertainties regarding the content, potency and health risks of the drugs in circulation.

Many more drugs are present on the global illicit drug market nowadays than there were two decades ago. Currently, there are five times more drug types reported in drug seizures than there were before 2000, and drug treatment services report approximately three times more different types of drugs for which people primarily seek treatment than 20 years ago. Surveillance data on emergencies related to non-fatal poisonings in the European Union and neighbouring countries show that the number of different main substances involved in such incidents (excluding rarely reported substances) has increased from 47 to 68 over just 10 years (2013–2022). Data collection has certainly improved over time, but field data confirm an increasingly complex, evolving situation.

Trend in the number of drug types reported in seizures and in drug treatment globally, 1980–2024



The content of drugs sold on illicit markets has also become increasingly complex. Drugs have almost always contained some impurities (unintended residue that arises naturally from the production process) and diluents ("fillers" or cutting agents to increase volume and weight but with minor psychoactive effect (e.g. caffeine) or no psychoactive effect). However, more recently, there has appeared to be an increase in the deliberate addition of adulterants in the products sold on the drug market, for the purpose of mimicking or modifying the drug's effects in users. This includes the lacing of traditional drugs, such as heroin, cocaine or even MDMA (although such lacing may not be always intentional), with highly potent opioids, such as fentanyls and, more recently, nitazenes, both of which have led to fatal outcomes. Such outcomes have occurred in the case of fentanyl mostly in North America, and in the case of nitazenes mostly in Europe, as well as in relation to other emerging, potentially deadly adulterants such as xylazine and medetomidine.

In addition, specific mixtures or concoctions are increasingly being marketed as new products, supposedly different from traditional drugs but often containing those drugs. Such mixtures appear to have been on the rise recently and include "tucibi" or "pink cocaine", "kush", "happy water" and "K-pods". These drug products take varying forms and routes of administration and bring with them additional risks for users as there is often inadvertent polydrug use. This occurs because the mixture composition varies and is often unknown to the user, while also varying widely over time and by location and between samples. The chemicals present in those mixtures can interact in the human body and have unintended effects, in addition to having their own effects. Moreover, the sold mixtures sometimes include particularly harmful substances, for example, nitazenes. One such mixture, sold under the street name "kush", has been spreading in West Africa since 2016, and two countries, Liberia and Sierra Leone, declared a national state of emergency in 2024 due to this often-deadly mixture. A worrying development is that the mixture seems to be produced locally at present through a relatively simple process involving imported precursors, which can make it more readily available to users. In addition, in West and Central Africa (especially in Côte d'Ivoire, Ghana, Nigeria and Senegal), there are anecdotal reports of many more local mixtures of drugs, such as "skushi" (a mixture of cannabis with opioids such as tramadol or codeine and flavourings), or the predominantly user-prepared "lean" or "purple drank" (a mixture of codeine and, sometimes, promethazine syrups with soda drinks which is also used in the Americas), "monkeytail" and, more recently, "kadhafi" (a mixture of tramadol with energy drinks and alcohol).

Diversification in illicit drug markets is not limited to the types of substances available but also includes the growing variety of product forms and routes of administration, possibly as a result of traffickers' strategies to attract new consumers. Other drugs are also increasingly being sold in new forms designed to facilitate consumption, similar to the evolution of cannabis products (from a limited number of forms such as herbal cannabis and resin to a wide range of products including concentrates, waxes, edibles, beverages and vaping cartridges). For example, pre-prepared "crack" cocaine, which lowers the threshold for use by eliminating the need for users to prepare the drug themselves, recently appeared in countries where it previously did not exist, such as in Switzerland. In addition to soluble powders, "happy water" mixtures have recently been seized in South-East Asia in a liquid form, ready to drink. "Party lollipops" have also appeared recently in the subregion, containing mixtures of drugs, while ketamine mixed with etomidate is sold in cartridges designed for administration by vaping. In Hong Kong, China, etomidate was found in vaping products called "space oil" that are being used by young people (typically below 21

Examples of drug mixtures present on illicit drug markets

Street name of mixture	Product forms and routes of administration	Typical components (variable)	Main regions/ countries	Typical population/ setting
"tucibi"/ "tusi"/ "pink cocaine"	Usually snorting	Ketamine, MDMA, methamphetamine, cocaine, opioids and/or NPS, aromas and colourants	Argentina, Colombia, Chile, the United States; sporadically, other American and European countries	Club/nightlife
"kush"	Smoking	Synthetic cannabinoids, opioids (often nitazenes), other chemicals	The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Nigeria, Sierra Leone; possibly Mali	Urban youth, marginalized communities
"happy water"	Drinking (soluble powder, recently also sold in liquid form)	Ketamine, MDMA, methamphetamine, caffeine, benzodiazepines, NPS, aromas	China, Indonesia, Malaysia, the Philippines, Singapore, Thailand	Students, nightlife
"K-pods"	Vaping	Ketamine and/or etomidate	Singapore, Thailand	Nightlife
"party lollipops"	Oral (lollipop)	Benzodiazepines, tramadol, ketamine, MDMA, methamphetamine, caffeine	The Lao People's Democratic Republic, Thailand	Nightlife
"tranq dope"	Smoking, injection, snorting, other	Fentanyl with xylazine	The United States (some detections also in the European Union)	Opioid-dependent populations
"lean" or "purple drank"	Oral (drinking)	Codeine syrup with soda and sweeteners. Sometimes other psychoactive substances	The Americas, recent increase in Jamaica; Africa, including Botswana, Nigeria, Senegal, South Africa	Music scene, dance scene
"kadhafi"	Oral (drinking)	Tramadol mixed with energy drink containing alcohol	West Africa, in particular Côte d'Ivoire	Urban youth, nightlife
"nyaope"/ "whoonga"	Smoking, sometimes injection	Cannabis, caffeine, heroin, codeine, morphine, benzodiazepines, other pharmaceuticals (e.g. antiretrovirals), other substances	South Africa	Predominantly socially disadvantaged young urban people

years of age). Vaping products containing a variety of substances including synthetic cannabinoids, semi-synthetic cannabinoids and many other substances such as cocaine and heroin were found in North America and Europe, and some samples in Australia even contained nitazenes. Similarly, nitrous oxide has recently spread among relatively young users and is aggressively marketed, for example, in the United States, where various flavours are added to the canisters, tanks and chargers from which it is inhaled, but also in Europe, Oceania and parts of Asia; such containers contain a much larger amount of the substance than canisters sold for culinary use.

Over the past few years, but mainly since 2020, there has been a new trend of synthesis of psychoactive cannabinoids presumed to be derived from cannabidiol (CBD), a non-psychoactive substance occurring in the cannabis plant. These semi-synthetic cannabinoids, possibly developed to evade drug laws, have been sold in various forms for non-medical use, the most common of which are *delta*-8-THC and hexahydrocannabinol (HHC). Owing to loopholes in national legislations, these semi-synthetic cannabinoids spread rapidly and widely before legal controls were introduced at the national level (in the period 2022–2024), and at the international level in the case of HHC (in 2025); *delta*-8-THC was already under international control, but evaded some national laws, for example in the United States. In 2024, 12.3 per cent of United States twelfth graders (17- and 18-year-olds) had used *delta*-8-THC in the past year; however, in 2025, that proportion declined, with 9.2 per cent of twelfth graders reporting having used cannabis products made from hemp, including *delta*-10-THC and HHC in addition to *delta*-8-THC. Semi-synthetic cannabinoids (initially HHC and its derivatives, and, increasingly, other semi-synthetic cannabinoids) have recently been more popular in Europe, mostly in Western and Central Europe, with 14 per cent of people who use drugs reporting, in a large but non-representative online survey, their use in the past year in 2024. In some European countries, HHC has also reached high levels of use in the general population; for example, in Slovakia, in 2024, 16 per cent of high-school students aged 15 and 16 years old reported having ever used HHC. Evaluations of the possible impact of recent changes to legislation are not yet available, but other compounds keep appearing and may not be covered by such laws (e.g. HHC-P, THC-P, H4-CBD, HHCP-O and HHC-O).

Product diversification in the drug market brings about a number of challenges, including the complexities of the detection and identification of novel substances and their mixtures, legal and criminal justice challenges, unstudied acute and chronic adverse effects which lead to uncertainties when addressing health emergencies – such as poisoning by lesser-known substances and additional drug interactions due to the use of mixtures – and challenges in treating people developing drug use disorders.

IN FOCUS

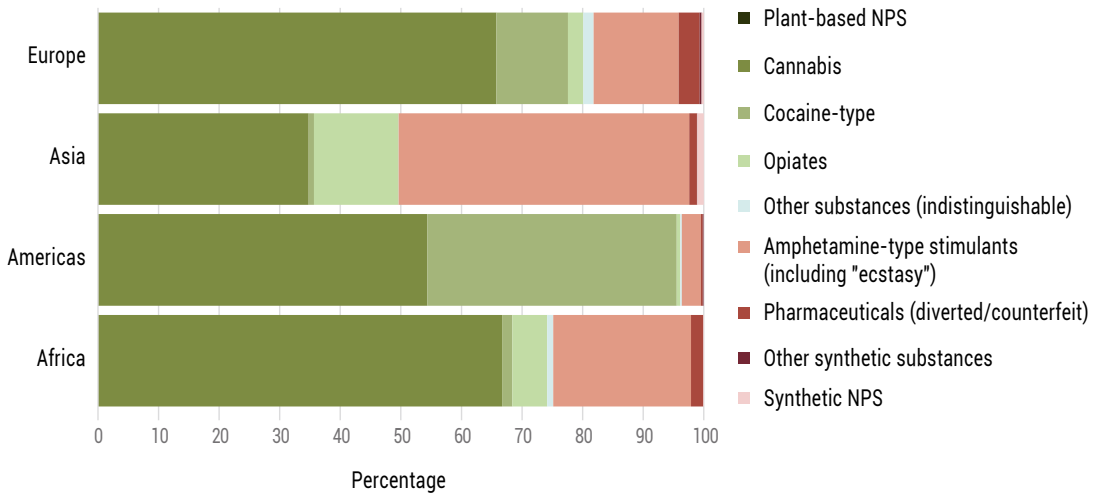
Are synthetic drugs supplanting plant-based drugs?

Geographical flexibility and short production chains give synthetic drugs the potential to supplant plant-based drugs. However, so far, this is not the case in practice; plant-based drugs continue to prevail in some respects on the global illicit market.

Drug use initially began with the use of plant-based products such as opium, coca leaf, cannabis and plant derivatives with hallucinogenic properties. Gradually, consumption patterns consolidated around three major broad classes of plant-based drugs: cannabis, cocaine and opiates.

Subsequent developments facilitated the emergence of psychoactive substances manufactured through entirely synthetic pathways. These developments included: the discovery of new substances (e.g. methamphetamine, benzodiazepines and oxycodone) with the potential for misuse and dependence, prescribed for medical purposes with as-yet unrecognized risks; experimentation in the context of specific cultural movements (e.g. in the case of LSD) and communities (e.g. the dance scene, "chemsex" circles); the easy accessibility of scientific information, including that relevant for illicit manufacture; the growth of the chemical and pharmaceutical industries, along with the associated market for chemicals in line with broader economic growth; and the interconnectedness of global trade channels. Notable substances that featured in this evolution were synthetic stimulants such as amphetamine and methamphetamine, substances with hallucinogenic effects such as LSD and MDMA and, increasingly, synthetic opioids such as fentanyl, fentanyl analogues and nitazenes.

Regional distribution of drug seizure cases across broad plant-based and synthetic drug classes, by category, 2024

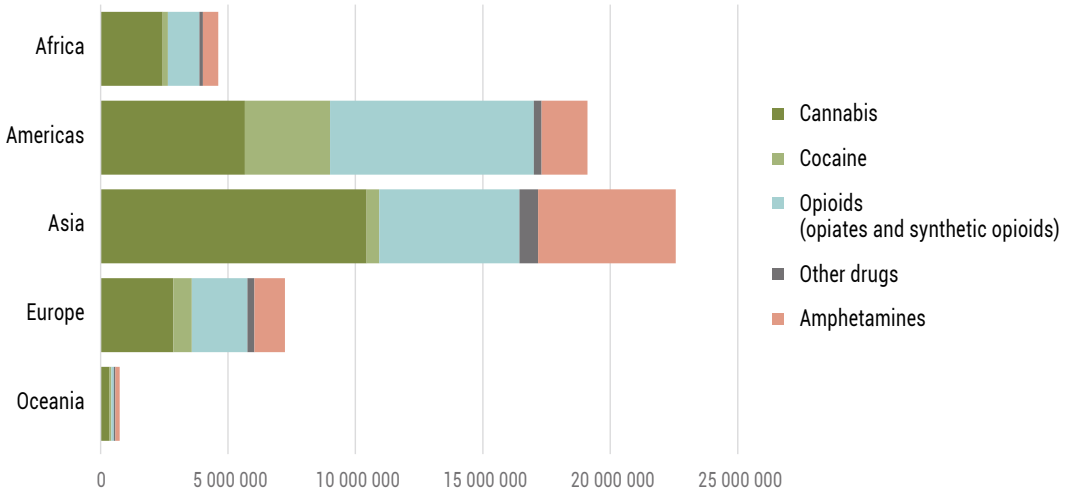


In addition, numerous NPS – mostly synthetic – continue to emerge on the market. These are often designed to mimic the effects of drugs under international control and include synthetic cannabinoids (whose effects mimic those of cannabis), phenethylamines (which are chemically related to amphetamine-type stimulants), synthetic cathinones (which have similar pharmacological effects to amphetamine and cocaine) and new synthetic opioids (which produce effects similar to heroin). Most NPS tend to be transient; however, some of them garner sufficient traction among consumers and are deemed sufficiently harmful that they are added to one of the schedules of the Single Convention on Narcotic Drugs of 1961 or the Convention on Psychotropic Substances of 1971.

In principle, synthetic drugs have a number of competitive advantages in comparison with plant-based drugs, first and foremost because their manufacture does not rely on the labour-intensive cultivation of illicit crops such as coca bush and opium poppy, which itself can only be conducted within specific climatic regions and specific terrains. Overall, the production cycle for synthetic drugs is faster, requires fewer resources and less space, and can more easily be undertaken covertly and with fewer geographic constraints. Aside from direct supply reduction efforts by law enforcement authorities, the main limiting factors for the synthetic production cycle are chemical expertise and the availability and cost of precursor chemicals and equipment, barriers which are too easily overcome in a globalized, digitalized world characterized by the free flow of information and plentiful channels for international trade.

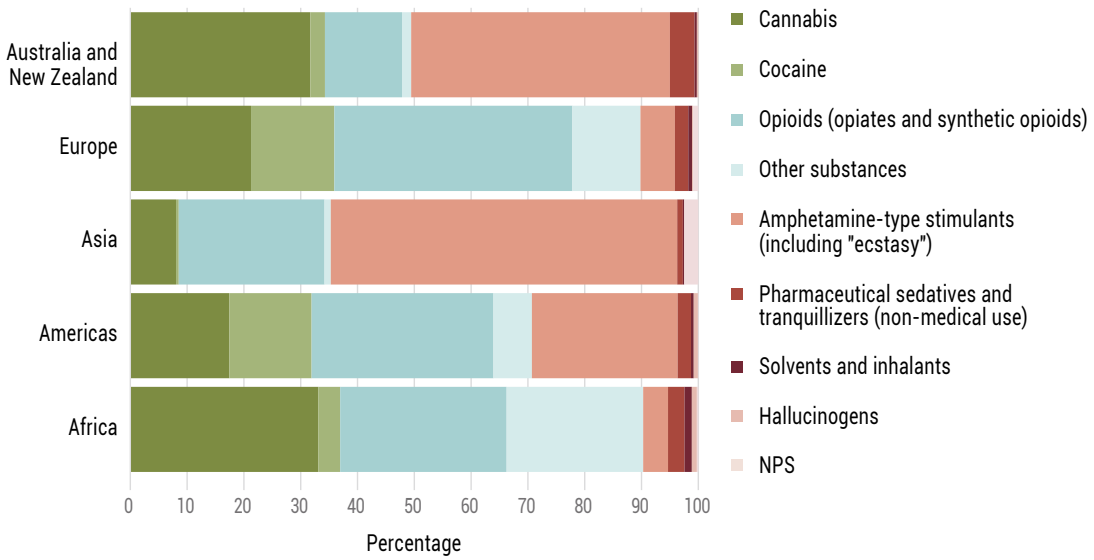
It would thus appear that synthetic drugs are well placed to supplant plant-based drugs; however, to date this seems to be far from the case in practice, despite

Estimated number of people with a drug use disorder, by region and drug class, 2023



Are synthetic drugs supplanting plant-based drugs?

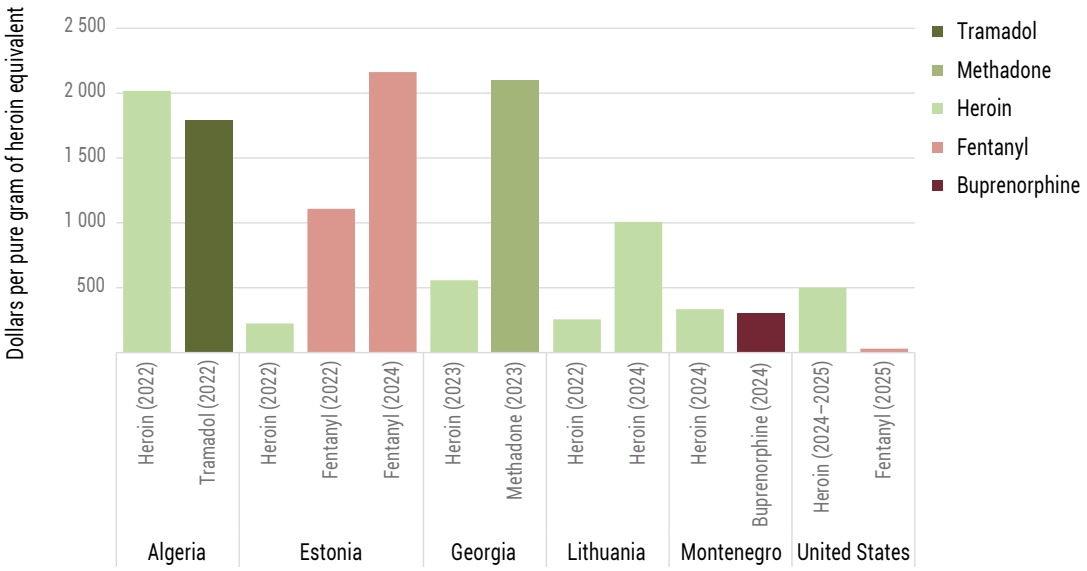
Distribution of patients in drug-related treatment according to primary drug of concern, by region, 2024



recent shifts towards synthetic drug markets in various regions, notably North America, South-East Asia and West Africa. At the global level, the drug market continues to be dominated by plant-based drugs in some respects, due, in part, to the significant contribution of cannabis and also to growth in the cocaine market. This is evidenced by indicators that extend beyond those that are influenced by drug supply reduction – such as the number of seizure cases, where cannabis dominates – to indicators of use and harm. Not only does the number of cannabis users far exceed the number of users of any other drug class, but cannabis, cocaine and opiates account for – depending on the region – significant shares of people with a drug use disorder, as well as of patients receiving drug treatment (as a primary drug of concern). In terms of trends, seizure data continue to exhibit very strong growth in the case of both cocaine and methamphetamine – two stimulants, one plant-based and one synthetic.

One area where the interplay between plant-based and synthetic drugs has been very dynamic is the illicit market for opioids. In North America, beginning around 2014, fentanyl – similar in effect to heroin, but much more potent – was introduced into the supply of heroin sold on the streets, with users initially unaware of its presence. This process continued to the point that, at the retail level, heroin in the United States is now found predominantly in combination with fentanyls, and appears to have been largely replaced by fentanyl, with many users intentionally seeking out fentanyl. Taking into account differences in potency as well as purity, fentanyl in North America is significantly cheaper both for producers and for consumers. However, even in the United States, as in most countries worldwide, plant-based drugs, in particular cannabis herb, contribute in no small measure to the prevalence of drug use disorders.

Comparison of purity- and potency-adjusted retail prices of heroin and synthetic opioids on the illicit market, selected countries, most recent data available



More recently, other synthetic opioids, such as nitazenes and orphines, have also been emerging across the world, while opium poppy cultivation has decreased sharply. However, outside of North America, on the basis of limited data, the price of synthetic opioids does not yet appear to have fallen sufficiently to drastically undercut that of heroin. While the possibility of a continued increase in the uptake of synthetic opioids in markets such as Europe is a real threat, the outcome if this were to happen is unclear in the long term, given several considerations. These include: the increased risk of fatal overdoses (and, hence, a declining user base); the experience in North America suggesting that fentanyl does not appear to attract new opioid users (beyond the existing users of other opioids); the ongoing long-term decline in heroin use in Europe; and the possibility of increased competition and hence lower profit margins for large-scale producers.

IN FOCUS
Logistics of trafficking

The logistics of transportation methods used by criminals are continuing to become more sophisticated and more diverse to evade law enforcement efforts.

The modes of transport and logistics used by people who traffic drugs continue to be shaped by geography, by the available infrastructure for movement of goods and people, including legitimate trade, and by the ingenuity of criminals in adapting to evade law enforcement efforts.

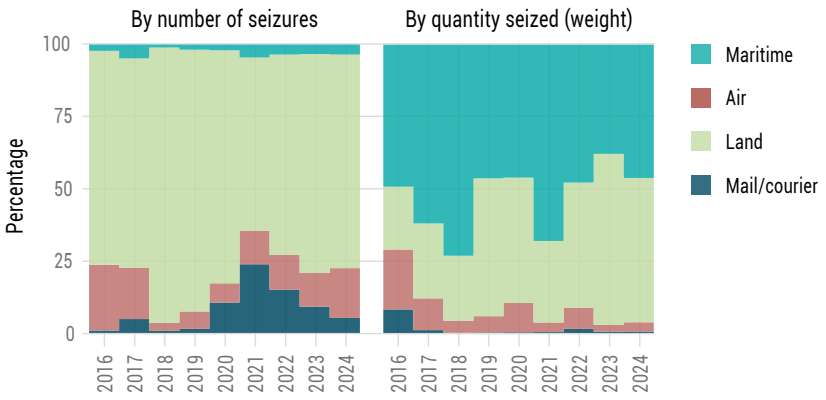
Overall, of the four major modes of transport – by land, water, air and mail (including courier services) – land or maritime routes (depending on the specific drug) dominate drug trafficking in terms of volume, as evidenced by seizure amounts. For example, given the relative dispersion of opium poppy cultivation in various countries, land routes within Eurasia and the Americas have historically sufficed to supply the major consumer markets in these landmasses. Nevertheless, in recent years, Europe appears to have experienced an increase in heroin trafficking by sea, while the opposite trend appears to be the case in the Americas.

In contrast with heroin trafficking, because coca cultivation is tied to specific geographical locations in South America, modes of transporting cocaine other than by land have been adopted out of necessity, in particular the maritime routes used for trafficking cocaine to Europe. Until recently, cocaine in base form seized during transport (as opposed to being held in storage) was primarily seized during land transport – likely reflecting localized movements to processing facilities within production areas in South America. At the same time, in the case of cocaine seized in the Americas in salt form – the most common form used in destination markets outside South America – the proportion of the quantity seized on land routes appears to have grown, possibly a reflection of a gradual shift towards interdiction closer to the source of production.

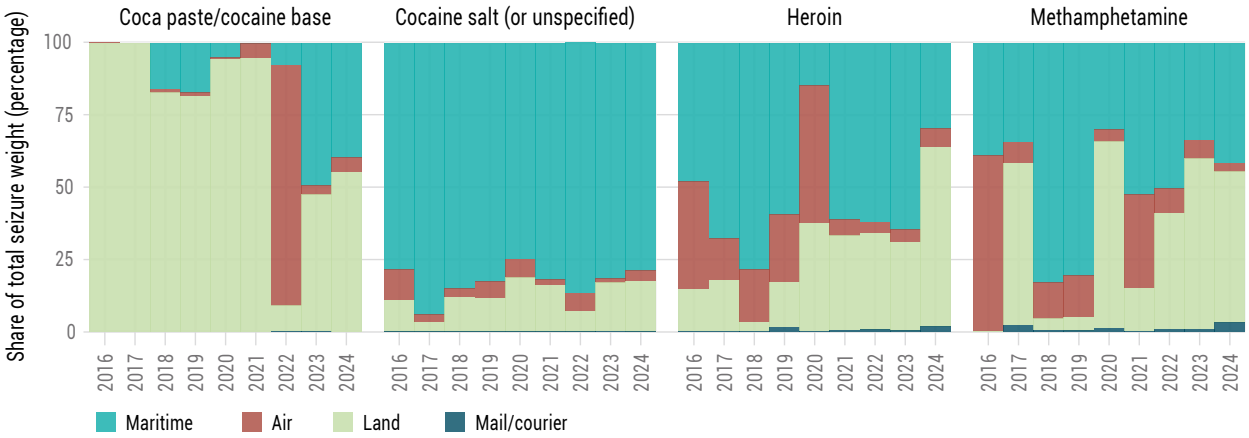
Synthetic drugs, whose trafficking routes are less constrained by specific locations of illicit cultivation, offer a more complex picture. In the case of methamphetamine, for example, all four modes of transport play a significant role; in particular trafficking by mail (including through courier services) is more pronounced in the case of synthetic drugs than in the case of heroin or cocaine.

Considering all drug types together, seizure cases of drugs trafficked by mail became more frequent around

Global distribution of drugs seized while in transport, by mode of transport, among individual drug seizures, 2016–2024 (all drugs)



Global distribution of drug quantities seized while in transport, by mode of transport, for selected drugs, among individual drug seizures, 2016–2024



2020, following restrictions on travel related to COVID-19 and in line with a general trend of the increasingly widespread purchase of legitimate goods online. While this effect slowly subsided in subsequent years, and the contribution in terms of weight seized is appreciable only for specific synthetic substances (such as MDMA, synthetic cannabinoids, amphetamine, ketamine and synthetic cathinones), trafficking by mail likely remains significant for low-level trafficking and for drugs that are frequently dispatched in small quantities, such as potent drugs with low typical dosage and drugs whose production is geographically highly diversified.

Most cases of trafficking by air are detected on commercial passenger flights; hence, seizures of consignments trafficked by air most frequently amount to around 1 kg. However, significantly larger seizures do take place on air cargo flights, as well as clandestine flights, with seizures related to the latter known to frequently reach up to 500 kg, notably in the context of flights within the Americas. The types of aircraft used to transport cocaine include small planes with one or two engines, as well as private jets of varying sizes, styles and speeds, and of load capacities exceeding 1 ton. Consignments trafficked by land and by sea can be even larger.

Land-based transport is used at all stages of the trafficking chain, while the use of maritime and waterway-based transport tends to be used principally for large-scale trafficking, with seizures in excess of 1 ton from vessels and containers being relatively frequent. This reflects, in part, the considerable amount of organization and investment required for those modes of transport; occasionally, different drug trafficking organizations may team up as a "consortium" to gain in economy of scale.

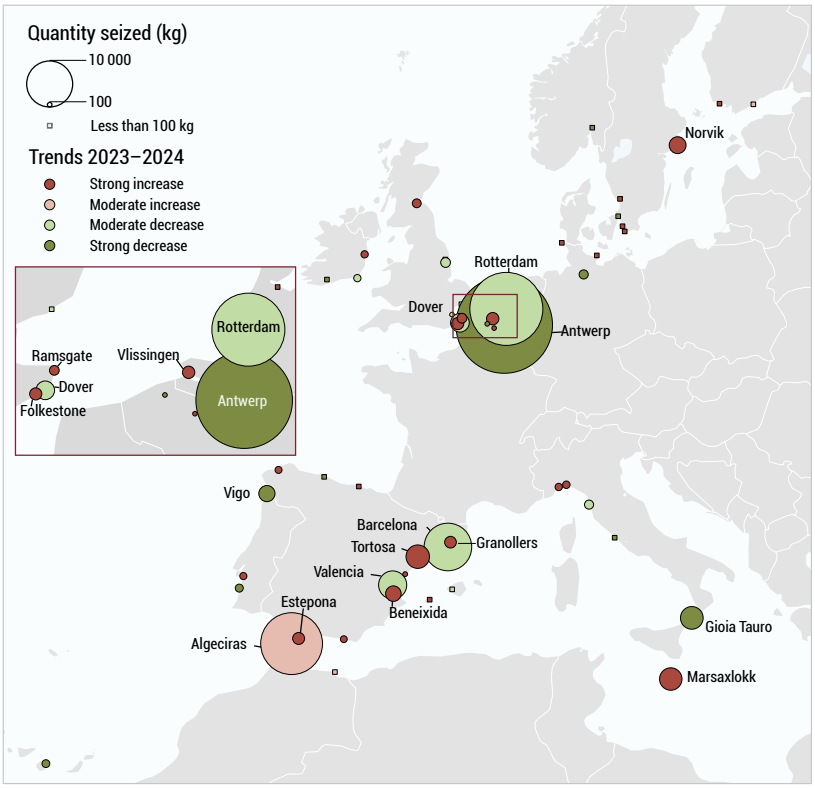
Maritime trafficking methods are highly varied, and may involve fishing vessels, speedboats, pleasure craft, purpose-built semi-submersible vessels or repurposed merchant vessels, or the exploitation of passenger and commercial cargo ships. The last category remains the primary channel for transoceanic flows of cocaine, in particular, and may involve various strategies and concealment methods, including in vehicles being shipped (shipped as roll-on, roll-off cargo), underwater hull attachments (requiring retrieval by divers), pick-ups and drop-offs at sea and, principally, concealment within containers.

The role of importers and exporters of legitimate goods, as well as the participants in the cargo supply chain, can also vary widely. Concealment within goods

(e.g. within machinery or vehicle parts, even extending to chemical impregnation within carrier materials) usually entails the involvement of exporters and importers, sometimes relying on shell companies or the coercion of legitimate traders, while some techniques for concealment in containers can circumvent their involvement.

The term "rip-on/rip-off method" often refers to the technique whereby drugs are placed in the internal cargo area of containers, then covertly extracted, as the containers move through maritime supply chains. However, smaller consignments are also stored in container structures themselves (sometimes known as structural concealment), including in externally accessible spaces behind servicing panels (for consignments of up to 60 kg), as well as rear wall compartments housing refrigeration units (for consignments of up to 150 kg) and container floors and ceilings. Yet another way of obviating the participation of exporters is the substitution of packaged goods during transport by truck to the loading port – a technique which has been documented in the case of banana exports from Ecuador in particular. This technique can be seen as a sort of hybrid halfway between traditional concealment

Cocaine seized at seaports by customs authorities of countries in Western and Central Europe, 2024



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

within shipped goods and the rip-on/rip-off method, in that it does not rely on the exporter but does not exclude the involvement of the importer.

The above-mentioned approaches, while providing criminals with attractive workarounds to eliminate the reliance on front or infiltrated companies at the points of exportation and importation, create substantial logistical challenges for the retrieval of the drugs, especially given the complexity and scale of operations at major ports; criminals thus rely on a number of subterfuges, and the roles of corrupt port workers and of privileged information are often crucial.

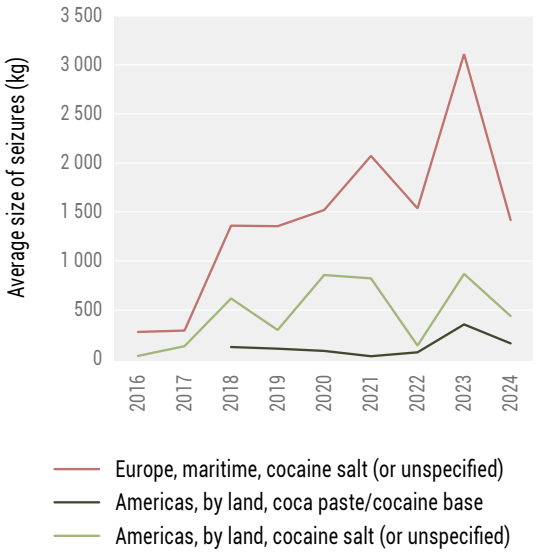
Retrieval can be effected within port terminals, or outside them after the containers have cleared customs. Retrieval within terminals often relies on extraction teams who leave the port area on foot or in a vehicle after having accessed the container, and may in some cases involve moving ("switching") drugs between containers, moving and "cloning" containers (by replicating their registration number), and even entire extraction teams being transported, inside export containers, into the secure port area. This type of activity calls for the infiltration of the port workforce by embedded accomplices, and is sometimes offered as a service to other drug trafficking organizations that have no such set-up in place. Coordinators of extraction teams reportedly receive between 7 per cent and 15 per cent of the value of the consignment.

When retrieval is effected after containers have undergone customs procedures, it is increasingly frequent, in cases of structural concealment, for this to be done in container yards or packing facilities after the legitimate load has been delivered. A different, rather brazen technique – believed to have been successfully countered in recent years – relied on criminals gaining access to privileged information to pose as legitimate representatives of the importers and pick up the containers; after retrieving the consignment, the criminals would either abandon the container or keep up the pretence by delivering it to the consignee. In many cases, GPS devices are used to track the location of the shipments and the containers.

Recently, the dynamics of cocaine trafficking by commercial cargo have shifted to some extent. Firstly, in 2024, in some of the main ports used as a gateway into Europe – in Belgium, Germany and Netherlands (Kingdom of the) – there appeared to be an increased preference for smaller shipments, including cases using structural concealment methods. The smaller concealment amounts were perceptible throughout the supply chain – from shipments of cocaine base in the Americas to seizures of cocaine salt in Europe. This suggests a strategic choice by traffickers in reaction to evolving control measures. Secondly, there has been a shift towards other points of entry, notably France and Spain, both of which registered increases in quantities seized overall (beyond ports) in 2024. Thirdly, smaller European ports with a limited history of cocaine seizures are increasingly being exploited, a dynamic which appears to have started in 2023.

Lastly, it is also possible that criminals are increasingly exploring or relying on entirely different approaches to trafficking across the ocean, bypassing commercial ports. These approaches may include techniques such as transfers between vessels or prearranged drop-offs (for later retrieval) at sea, as well as the use of semi-submersible vessels and uncrewed water drones.

Average size of the 50 largest individual cocaine seizures, selected regions and modes of transport, 2016–2024



IN FOCUS

Technology and innovation in drug markets

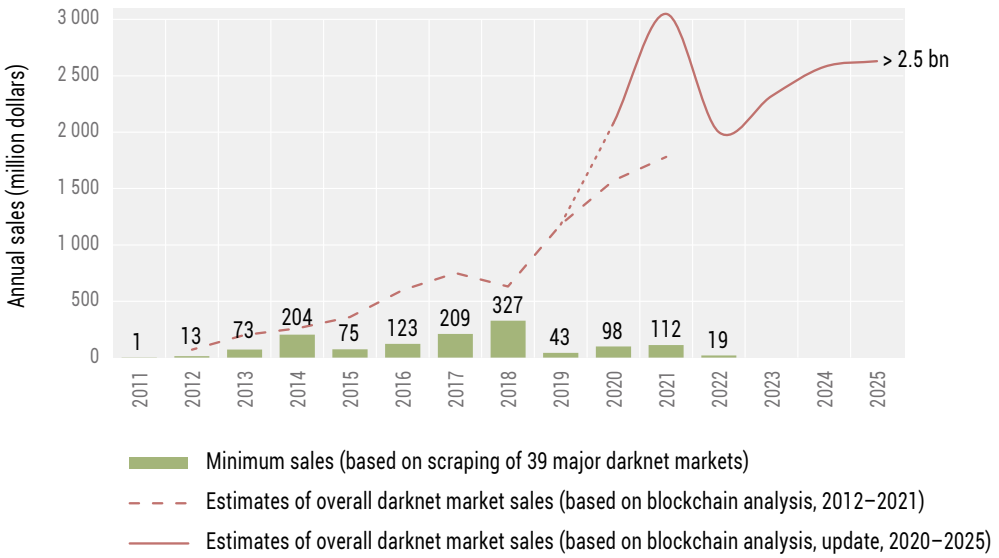
Technology and innovation sustain the dynamism of evolving drug markets and continue to present challenges for law enforcement authorities.

Technology and innovation are reshaping modern society, and this extends to the way drugs are being produced, trafficked, procured and used.

The ease of developing and acquiring designer chemicals, as well as the ready accessibility of knowledge and expertise relevant for production processes, are such that traditional plant-based drugs such as cannabis and opiates are now marketed alongside, and compete with, myriad synthetic and semi-synthetic analogues, many of which are, at least initially, not under international or national control. The number of identified NPS is now already four times as large as the total number of drugs under international control.

Innovation has driven tremendous diversification in the market for cannabis and cannabinoids, in terms of the types of products available and their potency, routes of administration and even production methods. The advent of the portable electronic cigarette in the mid-2000s paved the way for the spread of vaping as a route of administration for natural and synthetic cannabinoid products. Vaping devices come in different varieties, such as "closed" systems ("pods"), open systems designed to be used with replaceable cartridges, and disposables. When heated, certain additives in e-liquids, as well as the material of the devices themselves, may contribute to the formation of potentially toxic products through thermal degradation, and open systems may be conducive to higher risks in that they allow user-selected e-liquids and, typically, variable wattage. Moreover, thicker oils such as those extracted from cannabis require higher temperatures or specialized coils.

Estimates of overall darknet market sales based on analysis of blockchains, 2012–2025, and observed minimum sales on selected major darknet markets, 2011–2022

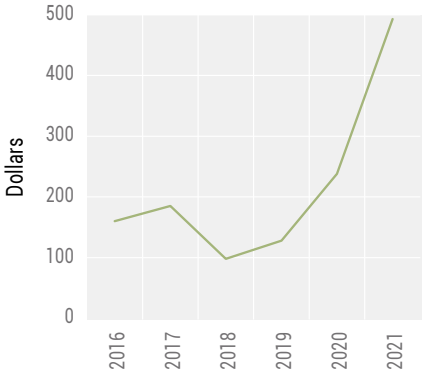


Technological and industrial improvements in legalized cannabis markets have also enabled refinements in the extraction of tetrahydrocannabinol (THC) from the cannabis plant (beyond the flower, from which cannabis herb and cannabis resin are illicitly produced) and the preparation of liquid formulations which are appropriate for vaping, alongside several other product forms.

Technology has also been a game changer in the way criminals communicate. Since the mid-2010s, several communication platforms, such as Phantom Secure, EncroChat, Sky ECC and Ghost, which combine end-to-end encryption with modified phones and have specialized security features, have attracted a large user base among organized criminal groups, due to the perception of such platforms as being impenetrable to law enforcement monitoring efforts. However, in several instances, the vulnerabilities of these platforms have also allowed infiltration by law enforcement authorities that use sophisticated techniques, providing extensive insight into criminal activities and leading to the arrests and prosecution of numerous individuals – in some cases years after the networks stopped operating. In the case of a separate communication network, AN0M, the entire platform was engineered by law enforcement authorities along with a coordinated effort to lure criminals to migrate from a network that had been shut down, so as to gather intelligence and monitor criminal activity.

Digital technology has also transformed the buyer-seller relationship in illicit drug markets, through the use of online avenues such as the dark web and social media. The dark web has enabled the anonymous purchase and sale of drugs, and buyers and sellers no longer need to meet each other. This may have helped to expand the consumer base by eliminating the in-person exposure to criminal networks and providing consumers with a sense of reduced risk of detection. Delivery of the drugs is usually done by public or private postal services and payment is conducted by way of cryptocurrencies. Historically, the predominant currency for such transactions was Bitcoin, but recent years have seen the growing use of "privacy coins" (such as Monero) specifically engineered to avoid the traceability and transparency of Bitcoin's public ledger. According to some reports, Monero may have already started to outperform Bitcoin on darknet markets.

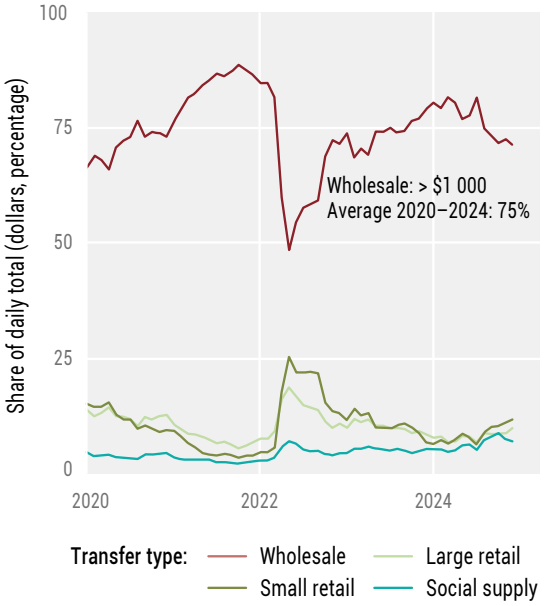
Average payment size per transaction on darknet markets (linked to drugs), 2016–2021



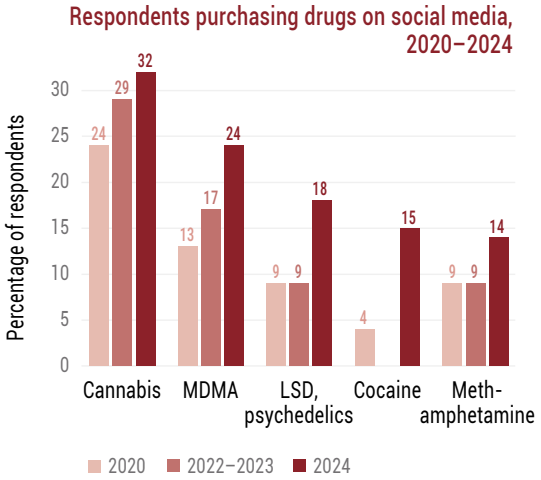
Disruptions affecting operations on the dark web, including the dismantling of darknet markets, targeted attacks among competing marketplaces and exit scams siphoning off deposits made by customers, may have served to deter customers from darknet marketplaces. On the basis of the blockchain analysis of major cryptocurrencies, the strong upward trend in sales seen in the 2010s peaked in 2021, with annual sales of around $3.1 billion (equivalent to some 1.7 per cent of all retail drug sales in the United States and Europe). The dismantling of the Hydra market likely contributed to the strong decline in sales in 2022, which partially recovered and then apparently stabilized at around $2.5 billion in more recent years.

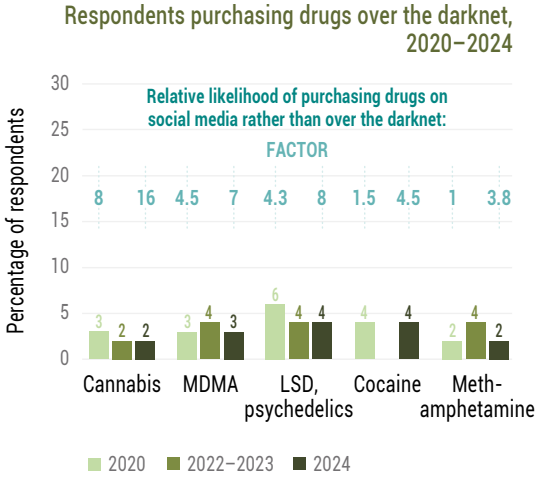
At the same time, the dark web is no longer predominantly a marketplace where people who use drugs purchase such drugs for their own needs. The average size of drug-related darknet transactions, traced by blockchain analysis, increased sharply over the period 2018–2021. In 2024, wholesale transactions on darknet markets worldwide (linked to drugs) accounted for around three quarters of the aggregate value of darknet market sales.

Distribution of transactions on global darknet markets, 2020–2024



Results of the New Zealand Drug Trends Survey, 2020–2024





At the retail level, social media likely far exceeds the dark web in terms of the number of people purchasing drugs on these platforms. The European Web Survey on Drugs for 2024 revealed that, among a non-representative sample of people who use drugs, the share of respondents purchasing drugs through social media (19 per cent) was overall almost five times as high as that of respondents purchasing drugs through the dark web (4 per cent). This preference could be observed across all drugs. An online survey conducted in New Zealand in 2024 found similar results and also showed that purchases through social media were clearly increasing between 2020 and 2024, while dark web sales were either stagnating or declining in importance, depending on the drug. The preference for purchasing drugs through social media may, however, depend on the age and sex of the buyer and the drug in question.

Innovation and technology also continue to bring about adaptation in the methods used to physically transport drugs, including aerial and underwater drones, also known as uncrewed aerial vehicles (UAVs) and uncrewed underwater vehicles (UUVs), respectively. UAVs are increasingly being exploited by drug traffickers to various ends, including to transport drugs across borders and into prisons, for surveillance and as weapons. The use of UAVs was particularly prevalent in Mexico, along the border with the United States, as far back as the early 2010s. Such vehicles frequently operate at night at low altitude to avoid radar detection and do not land on the territory of the United States; rather, they simply leave the drugs behind. As far back as 2017, police in Colombia detected UAVs used by traffickers, carrying some 130 kg of cocaine and flying up to 100 km. In one case, in Panama, a drug trafficking organization used UAVs to monitor police activity, in an attempt to protect a $30 million cocaine shipment heading northward.

Another innovation that has recently emerged in the methods used to transport drugs is the use of semi-submersibles for long-distance trafficking. These vessels, which have a very low profile and are typically made of wood or fibreglass to evade detection by radar, allow for the transport of large quantities of drugs (ranging up to 10 tons) in one shipment, while largely evading surveillance. Until recently, this phenomenon had been documented predominantly in the context of shorter distances in the Pacific Ocean or the Caribbean Sea. The navy of Colombia alone reported having seized 228 such drug-laden semi-submersibles between 1993 and 2023. However, there are now several documented instances of the use of such vessels for trafficking across the Atlantic and Pacific oceans. The first confirmation of their use on transatlantic routes dates to an instance in 2019, when 3 tons of cocaine were recovered from a vessel close to the coast of Spain, believed to have begun its journey in the Amazon river. This detection remained an isolated episode until the discovery, in March 2023, of a sunken vessel off the coast of Galicia, Spain. During the period 2023–2025, open sources documented at least six instances of such vessels being detected close to the Iberian Peninsula or the islands of Portugal. These instances included one case that resulted in a seizure of 6.5 tons of cocaine some 500 nautical miles south of the Azores. According to some media sources, law enforcement authorities consider it plausible that semi-submersibles used for transatlantic trips are being reused rather than scuttled. Other notable detections of such vessels that seemed to be undertaking transoceanic trips included two instances of vessels close to the Atlantic coast of South America, an abandoned vessel on the West African coast and up to eight instances of vessels in the Pacific Ocean. In the Pacific cases, circumstances suggested that the ultimate destination was in Oceania – possibly Australia – and several of the vessels appeared to have been washed ashore on the Marshall Islands and Solomon Islands.

There are also signs that criminals may be exploring the use of UUVs for the purpose of drug trafficking, although there is no evidence that this technique has evolved sufficiently to allow transoceanic journeys. Some indications of attempts to use this technique emerged in 2022 in the context of trafficking across the Strait of Gibraltar, when police in Spain seized six UUVs capable of carrying up to 200 kg each. In 2025, an uncrewed, remotely controlled semi-submersible with a satellite antenna was detected – possibly while it was being tested, as it was not loaded with cocaine, but had a capacity of 1.5 tons – off the Caribbean coast of Colombia.

IN FOCUS

Drug use among adolescents

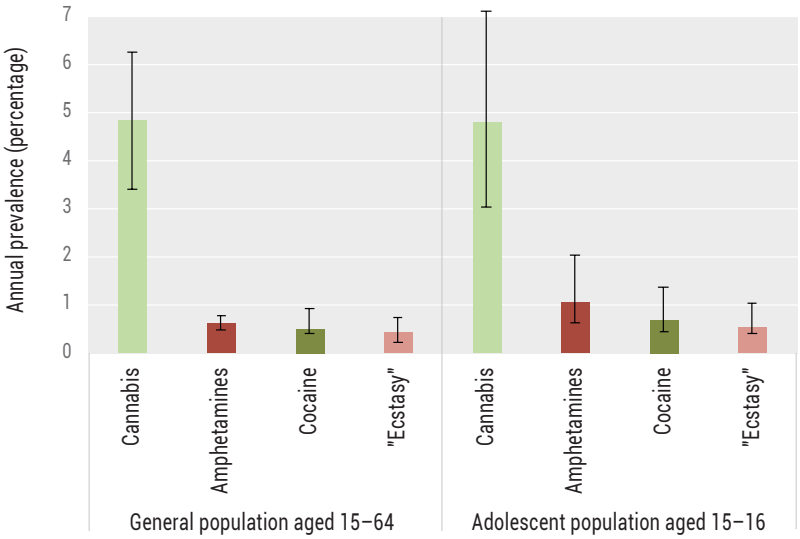
Drug use among adolescents remains high, at levels often comparable to those among adults, but there are recent signs of a decrease in the use among adolescents of some drugs in parts of the world.

Adolescence is a critical period when the brain is still developing. Drug use in adolescence brings with it additional harms compared with drug use in adulthood. It can have long-lasting effects on behaviour, emotions and cognition and is a known risk factor for the development of neuropsychiatric and substance use disorders. It is also associated with poor performance, including at school, as well as school dropout and risk behaviours, which may lead to adverse socioeconomic outcomes later in life. Yet drug use is often initiated during adolescence, and early initiation exacerbates the risks related to it. The nature, patterns and associated harms of adolescent substance use also differ by gender.

Despite the associated risks and vulnerabilities, for most drug types, the extent of drug use among adolescents remains high or at levels comparable to those among the general population (aged 15–64).

In some high-income countries, there are signs of a recent decline, especially since the coronavirus disease (COVID-19) pandemic, in adolescents' use of alcohol, tobacco (smoking) and cannabis. This is evidenced, for instance, in Australia, the United States and countries in Europe, where recent surveys show a decline in the lifetime and past-year use of those substances among adolescents. In the case of the United States, the decline in the use of alcohol and tobacco started earlier, in 2000 and 2019, respectively. The long-term trends, especially in the current (past-month and/or daily) use of cannabis, however, have not shown the same level of decline and have remained comparatively stable in those countries. This implies that, although there may be fewer adolescents using cannabis, those who are doing so are more regular users of the substance.

Drug use among adolescents and the general population at the global level, 2024

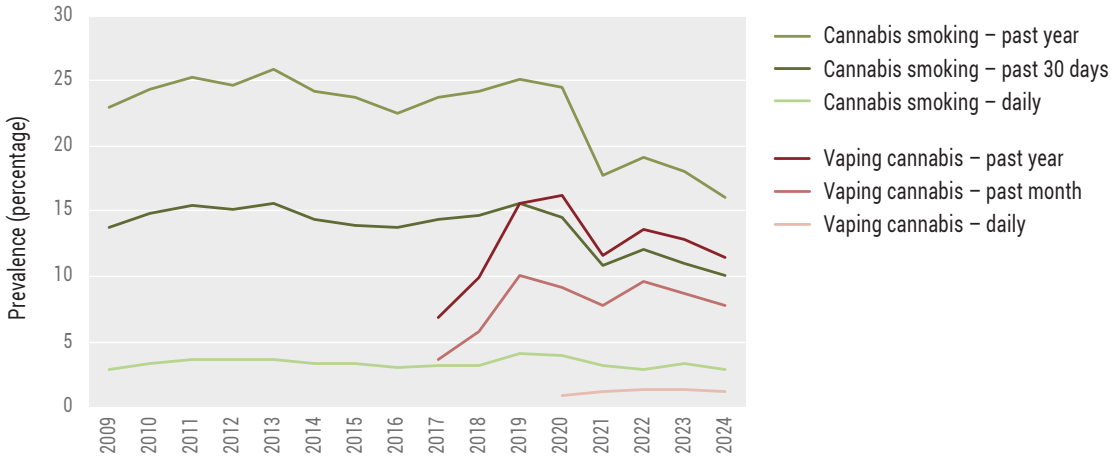


In the case of Canada, the trends in the recent (past-year) or current use of cannabis have remained stable. A decline in the past-year use of cannabis in recent years has also been observed among adolescents in some countries in South America, from where data are available – Colombia (until 2022), Chile (until 2021, with subsequent stabilization in 2023) and Uruguay (2021–2024) – while in Costa Rica, after a decline until 2021, cannabis use increased in 2024.

The reasons for the observed decline in recent use of cannabis, as the most used drug among adolescents, are not fully understood, and in most instances may differ due to the context. Moreover, these determinants likely differ between girls and boys owing to differences in social norms, supervision, peer networks and access to psychoactive substances. In the United States, the lower levels of initiation in earlier grades (seventh to ninth grades) during the COVID-19 pandemic are associated with the decline in drug use subsequently observed among students in later grades (tenth to twelfth grades). School surveys in Europe and the United States have also shown a long-term increase in the risk perception of cannabis use and a more recent decline in the perceived availability of cannabis. Research has shown a strong association between cannabis use and adolescents' perceptions of its availability and of the risks of either the occasional or the regular use of cannabis. Another study has shown that a decrease in face-to-face contact during the evening, and thereby of socializing with peers, could have played a role among adolescents with regard to the use of alcohol, tobacco and cannabis in the United States and Europe. Another possible factor for the decline of alcohol and tobacco (smoking) in adolescents could be the denormalization of the use of those substances among adolescents.

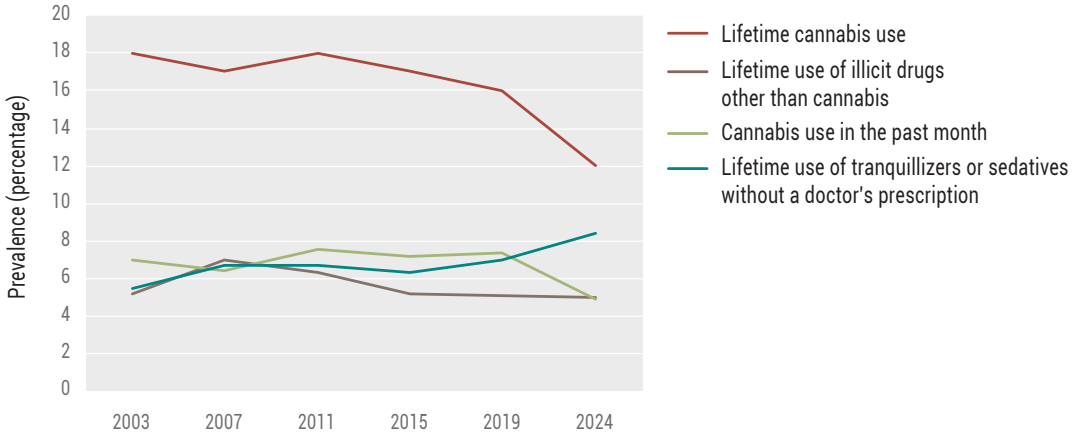
Although recent use of alcohol, tobacco and cannabis among adolescents has declined, several other worrying trends and technologically mediated risky behaviours are rising. E-cigarettes and the vaping of tobacco and cannabis are increasing. The vaping of cannabis may be used to evade detection or to

Cannabis use in the United States among secondary school students, 2009–2024

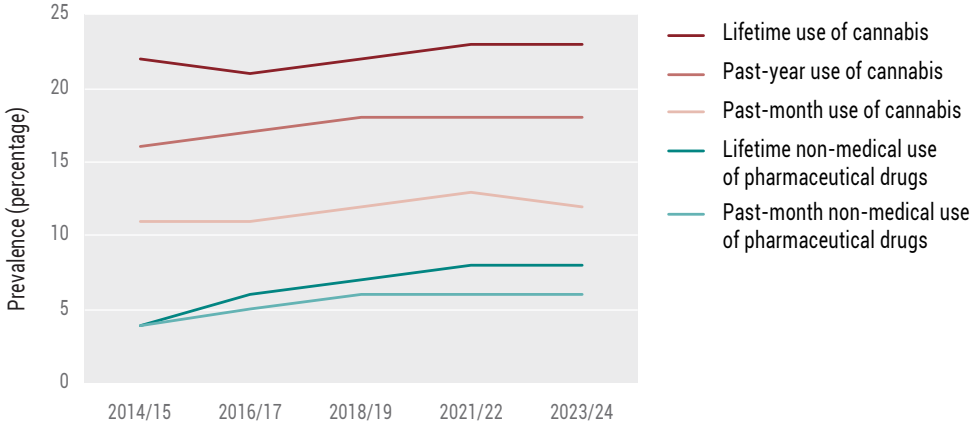


Drug use among adolescents

Drug use in Europe among secondary school students, 2003–2024



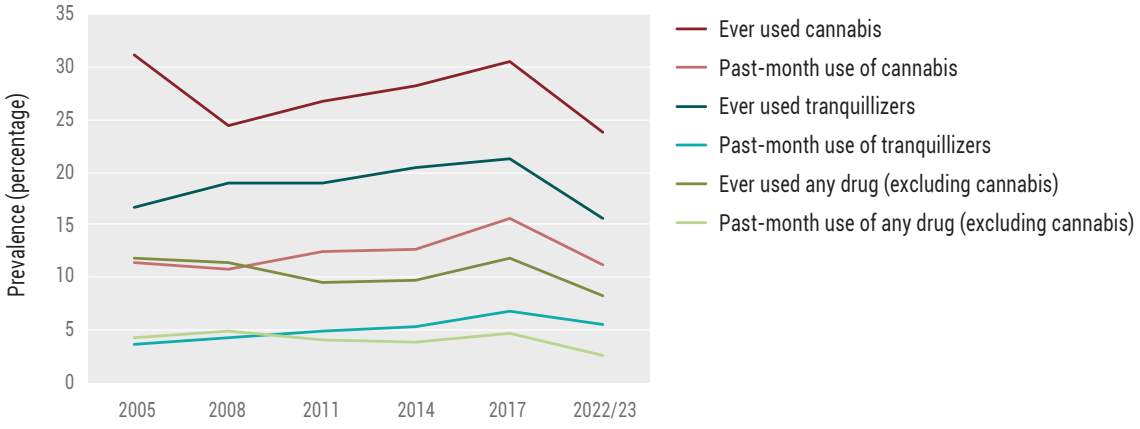
Drug use in Canada among students, grades 7 to 12, 2014–2024



supplement the smoking of cannabis. Vaping cartridges have also been found to contain other substances, including potentially lethal doses of NPS. There is also growing concern about easy access to high-potency cannabis products in North America. At the same time, the pervasive use of social media and gaming among adolescents is on the increase, which may also increase adolescents' exposure and access to drugs. Moreover, recent reports indicate an increase in the use of drugs other than cannabis among adolescents. Cocaine use has increased in many countries in Europe and South America; non-medical use of pharmaceutical drugs has increased in Europe, Canada, and South America; whereas recent school surveys in Europe also show an increase, particularly among girls, in inhalants use and misuse of pharmaceutical drugs such as sedatives and tranquillizers. Lastly, there is an emergence in several European cities of very young groups (including minors) engaging in polydrug use and in dealing drugs.

Trends are more difficult to assess in Asia and Africa, due to the scarcity of repeated survey data. Several countries and territories with markedly low prevalence levels, such as Indonesia, Japan, Thailand and Hong Kong, China, have recently reported increases in substance use. In Africa, where data are often limited, preventing trend analysis, a sharp increase in the use of "kush", a drug mixture whose composition varies but which has been shown to contain synthetic opioids (nitazenes) among other drugs, has recently been documented, often among adolescents. For instance, in Guinea, nearly 1 per cent of school students surveyed in 2024 used "kush"; it was the third most reported drug used after cannabis and inhalants.

Drug use in Australia among secondary school students (aged 16–17), 2005–2023



IN FOCUS

Misuse of pharmaceutical drugs

The misuse of pharmaceutical drugs has become more diverse and remains a prominent facet of the drug market in all regions, in particular among adolescents and women, raising concerns of harm and dependence.

The non-medical use of pharmaceutical drugs raises conflicting public health concerns as they are legally manufactured, have legitimate medical uses for the treatment of a range of conditions – as pain medication or for psychiatric disorders, among others – and are often subject to less strict regulatory controls than many other controlled substances. Health authorities have an obligation to make these drugs available and accessible for medical purposes while at the same time facing the challenge of preventing their diversion and misuse. Some of these drugs, such as codeine – available in the form of cough and cold preparations – are less strictly controlled at the international level and can thus be made available over the counter in a number of countries. Another challenge is that some pharmaceutical drugs with psychoactive effects, such as tramadol, tapentadol, pregabalin and ketamine, are not controlled under the international drug conventions, and therefore are often subject to less strict or less stringent prescription, distribution, manufacturing and cross-border export controls.

The legal status of a range of pharmaceutical drugs with psychoactive effects makes them quite attractive for misuse, especially among adolescents and women. Most surveys among adolescents in high-income and low- and middle-income countries show a high level of misuse, often higher among girls than among boys, of pharmaceutical opioids (codeine and tramadol, among others) and sedatives and tranquillizers.

Similarly, the non-medical use of pharmaceutical drugs among women is observed at levels comparable to, or even higher than, those reported among men. This stands in contrast to traditional drugs that have been placed under international control, which are largely more used among men than among women. Among adolescents, the most cited drivers of the misuse of pharmaceutical drugs are general accessibility, experimentation or use in recreational settings, and peer influence, whereas among women, the most cited drivers of the misuse of pharmaceutical drugs such as opioids, pregabalin and benzodiazepines are high prescription rates and self-medication for pain management, sleep disorders, anxiety and depression.

The non-medical use of pharmaceutical drugs figures prominently in recreational settings where drugs are usually consumed – and where substances such as pregabalin and gabapentin, tramadol or codeine are often reported. The misuse of cough syrups containing codeine, including a concoction sometimes referred to as “lean” or “purple drank” and containing soda, promethazine and hard candy, has been reported in different regions. Tramadol, a pharmaceutical opioid, is especially entrenched within the drug scene in North, West and Central Africa and is reportedly misused among university and secondary school students, sometimes at a higher level than cannabis, and also among factory and site workers, long-distance drivers, sex workers and unemployed youth.

The misuse of pharmaceutical drugs also features prominently in polysubstance use among regular drug users, with benzodiazepines – the most common pharmaceutical drug reportedly misused across all regions – being misused in the context of self-medication to treat symptoms of psychiatric disorders and negative emotional states and to manage the side effects of stimulants and alcohol, as well as to manage opioid withdrawal symptoms (by prolonging the intensity and duration of opioid effects). Codeine and pregabalin misuse have been found to overlap with the recent use of heroin, methadone and morphine, especially among people who regularly use opioids.

The global diversification of the misuse of pharmaceutical drugs, which has gained prominence in the past two decades, reflects both structural vulnerabilities, or even fragmentation, in regulation, and adaptive behaviours within drug markets. Often, regulatory gaps allow the production, export, prescription and sale over the counter of pharmaceutical drugs through (often loosely regulated) unofficial pharmacies or outlets. The dynamics of pharmaceutical drug misuse also illustrate how control measures placed on one commonly misused substance can lead to its replacement by another. A recent phenomenon is the misuse of etomidate – a

Pharmaceutical drug groups and drugs commonly misused in (sub)regions, 2020–2024

Region	Common pharmaceutical drug groups and drugs misused (listing based on the ranking by Member States)
Africa	Tramadol, codeine, benzodiazepines, pharmaceutical opioids, barbiturates, pregabalin, gabapentin, tapentadol-carisoprodol
Near and Middle East	Benzodiazepines, tramadol, pharmaceutical opioids, barbiturates, codeine, pregabalin, gabapentin, ketamine
Central Asia and Transcaucasia	Tramadol, benzodiazepines, pharmaceutical opioids (not specified), tropicamide, codeine
East and SouthEast Asia	Ketamine, benzodiazepines, codeine, pharmaceutical opioids (not specified), tramadol, gabapentinoids
South Asia	Pharmaceutical opioids (not specified), tramadol, benzodiazepines, codeine, ketamine, pregabalin, gabapentin
Western and Central Europe	Benzodiazepines, pharmaceutical opioids, ketamine, other sedatives and tranquillizers, pregabalin, oxycodone, tramadol, codeine, methadone
Eastern Europe/ South-Eastern Europe	Benzodiazepines, pharmaceutical opioids, other sedatives and tranquillizers (not specified), tramadol, ketamine, codeine, methadone
North America	Pharmaceutical opioids (oxycodone, codeine, tramadol), benzodiazepines, pharmaceutical stimulants, gabapentinoids
South and Central America	Benzodiazepines, pharmaceutical opioids, pharmaceutical stimulants, other sedatives and tranquillizers, ketamine
Oceania	Benzodiazepines (notably diazepam), clonazepam, pharmaceutical opioids (notably codeine), oxycodone, tramadol, gabapentinoids

short-acting anaesthetic – and of its analogues, which have emerged in East and South-East Asia following the placement of controls on etomidate and, earlier, on ketamine in the region. Etomidate, its analogues and other substances are now frequently misused in vape products (sometimes referred to as "space oil" or "k-pods") among young people. As such products are considered medicines, their non-medical use may also carry less stigma and be more socially acceptable.

The high demand for and widespread use of pharmaceutical products contribute to their broad availability and widespread presence across both medical and non-medical use contexts. Such products might include codeine-containing cold and cough preparations, tramadol for analgesic purposes, pregabalin as an anti-convulsant and analgesic, benzodiazepines for the management of anxiety disorders and z-hypnotics (e.g. zolpidem) for the management of sleep disorders. In recent years, the proliferation of online markets has also facilitated access to both diverted and illicitly manufactured pharmaceutical products. Moreover, pharmaceutical drugs, including tramadol, codeine, oxycodone, benzodiazepines, and "street" methadone in illicit drug markets, are often falsified (that is, they contain higher than recommended dosages for therapeutic use, lack the stated active ingredients, or contain incorrect or harmful substances) or are illicitly manufactured (as in the case of fentanyl or "street" methadone), or they are actually NPS analogues of controlled drugs (NPS benzodiazepines, etomidate analogues and fentanyl analogues, among others). Nevertheless, the issues of diversion from licit sources, illicit production and digitally-enabled misuse through online sales continue to facilitate the spread of the non-medical use of pharmaceutical products, as well as dependence and toxicity associated with their misuse, in different regions.

IN FOCUS

Drug use and safety and security

Safety and security outcomes are mediated by a range of factors, and there are variations according to the types of drugs involved, the person who uses drugs, the time and place of use, and the broader socioeconomic, cultural and policy environments.

The consumption of any psychoactive substance is inherently risky and can negatively affect the security, safety and health of people who use drugs, their immediate families and the broader neighbourhood and community. The impact on individual and public safety and security from drug use is found in three intersecting, overlapping and multidimensional mechanisms or pathways: psychopharmacological, economic-compulsive and systemic.

The psychopharmacological outcomes stem from being under the influence of or withdrawal from drugs, both of which alter a person's perception, cognition and impulse control. Economic-compulsive outcomes result from the commission of criminal offences or self-exploitation to finance the means to obtain drugs. Systemic outcomes are reflected in the disorder and violence caused by the wider demand for drugs in physical marketplaces where drugs are illegally traded and used.

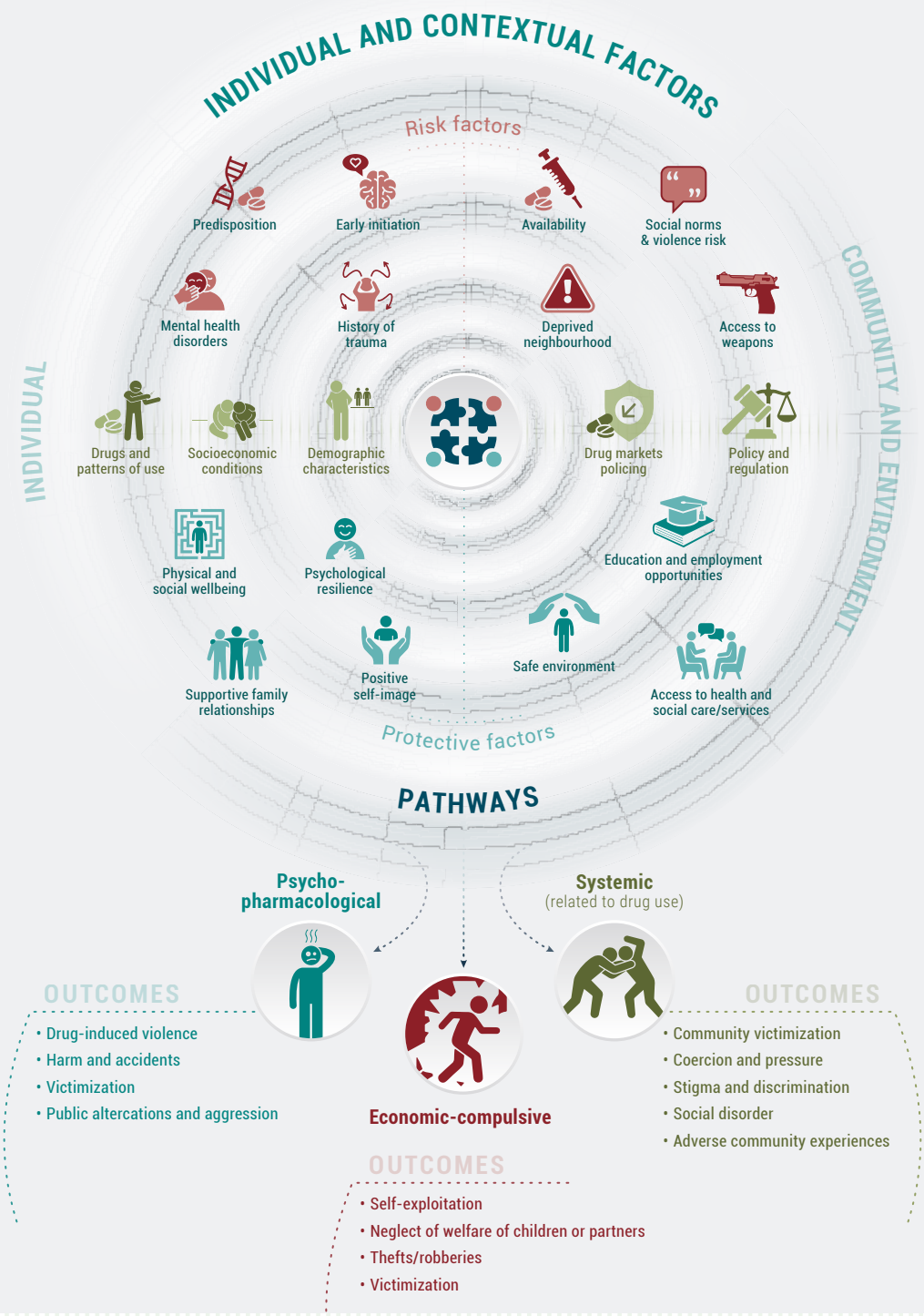
Social determinants and structural inequalities are, however, strongly associated with poor safety and security outcomes related to substance use across these three pathways. Social determinants include poverty, homelessness and poor mental health, whereas structural factors include a lack of employment opportunities, stigma and discrimination, the limited availability of and access to drug-related treatment and other health and social services, among other things. Safety and security risks are further heightened in certain contexts and are likely to have different outcomes for men, women and gender-diverse people. Furthermore, contextual factors, such as the presence of gangs and the availability of weapons in the community, can exacerbate exposure to violence and trauma in and around drug use settings.

Adolescents and young people, as well as men, are likely to engage in high-risk behaviours, including the use of psychoactive substances, and to engage in drug-related violence and crime. These behaviours are often reinforced by poverty, social exclusion, exposure to violence and limited educational and economic opportunities that encourage some youth to become involved in drug-using social networks and interact with drug-market environments, violence and crime.

The psychopharmacological pathway emphasizes how drugs affect the brain function, cognition, mood and perceptions. Stimulants such as cocaine, "crack" cocaine and amphetamines typically feature more than other types of drugs in cases of violence, which can induce aggression and violent acts due to impaired judgement, heightened paranoia and impulsivity. This is also true for alcohol, which in a dose-response relationship can disinhibit the person consuming it, and is often associated with aggression and accidents. Opioids, including heroin and pharmaceutical opioids, are typically associated with sedation. Aggression can, however, occur during withdrawal from opioids, as individuals experience intense discomfort, anxiety and irritability at that stage. Scientific literature has also shown the dose-dependent association of the daily or near-daily use of high potency cannabis with an increased risk of psychosis, violence and violent behaviour. Polysubstance use (e.g. the use of alcohol with other drugs, as well as other drug combinations) is an important part of the picture and complicates single substance attributions. The association between drug use and drug use disorders with violence and violent crimes is, however, best understood as probabilistic rather than deterministic, meaning that many intoxicated people do not display violent behaviour, and the likelihood of such behaviour as a result of drug use varies according to drugs, individuals and contexts.

Substance use is generally recognized as a risk factor for being a victim or perpetrator of violence. However, the outcomes of violence under the influence of drugs vary significantly between individuals, and the

Association between individual and community factors and safety and security pathways



relationship may be further influenced by co-occurring mental health and drug use disorders and factors such as gender, ethnicity and socioeconomic disadvantage. For instance, a systematic review concluded that people with drug use disorders related to stimulants, opioids, sedatives and cannabis were between 4 and 10 times more likely to perpetrate violence than people in the general population or those not diagnosed with a drug use disorder. Moreover, the likelihood of violence was reported to be higher among those with polydrug use disorders.

People who use substances are particularly vulnerable to victimization because acute intoxication or long-term impairment may limit their ability to react, defend themselves or avoid environments in which violence and the use of weapons are normalized. Intimate partner violence is also reported to be common among men and women who use drugs. However, a greater proportion of women than men are the victims of repeated violence and victimization. Women and people from gender-diverse groups who use drugs face disproportionately higher levels of overlapping forms of stigma, gender-based violence and poor treatment outcomes, which are driven by structural inequalities and associated with social determinants.

Drugs are commonly found in cases of driving under the influence. A case-control study in the United States showed that the presence of opioids, stimulants or depressants in the driver's system significantly increased the likelihood of fatality while the person was driving under the influence of those substances. Impaired drivers have also been observed to consume multiple drugs. The polydrug use of alcohol and cannabis, or of opioids and alcohol, can have more deleterious consequences than the use of a single substance, which multiplicatively increases the risk of impairment and fatalities while driving under the influence.

Economic-compulsive crimes are a common occurrence among people who use drugs, particularly in communities with high levels of poverty, limited access to legitimate economic opportunities, inequality or deprivation and high rates of drug use disorders. Economic-compulsive outcomes, driven by compulsive drug-seeking behaviour, are generally less violent, and include petty crimes and transactional sex to obtain money for drugs. Research has highlighted that the regular use of heroin, "crack" cocaine and cocaine is strongly associated with economic-compulsive crimes because of the drugs' high cost, especially in the case of people who are dependent on those drugs. The economic-compulsive dimension of drug use and offending can be better understood along the trajectory of young people's drug use and their involvement with the criminal justice system.

The systemic risks and threats associated with the use of drugs in the community are shaped by broader external conditions and by policy decisions and enforcement responses that structure local drug markets. The threats to safety and security outcomes due to drug use in the community can be exposure to hazards (e.g. drug paraphernalia and open drug scenes) in public spaces and drug-related violence in the community. Drug-related violence tends to be more pronounced in settings characterized by high levels of interpersonal violence, access to weapons, economic disadvantage, low social capital and weak social-control mechanisms. The resulting community disruption also impacts local business, housing, development and even social and healthcare services. Community-level impacts on neighbourhood safety, particularly in disadvantaged areas and urban drug scenes, are often shaped by persistent conditions of danger or risks, criminal victimization and drug-related problems. Such environments often foster more intensive and problematic patterns of drug use and exploitative sexual practices and victimization, accompanied by elevated risks to individual and public health, including the transmission and outbreaks of HIV and hepatitis C and overdose. In addition to these structural factors, the level and nature of law enforcement responses may shape the degree of drug use and related violence in communities.

UPDATES

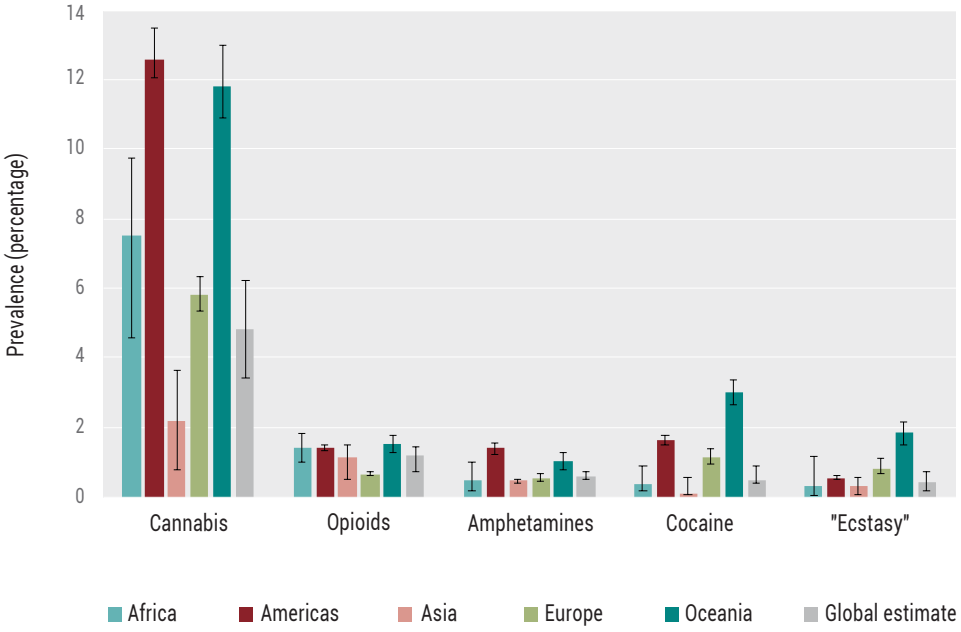
UPDATES
Global drug use

Drug use has reached historically high levels globally, with 331 million people having used a drug in the past year in 2024.

Drug use continues to increase worldwide. In 2024, 331 million people were estimated to have used a drug in the past year, or 6.2 per cent of the global population aged between 15 and 64. This is 34 per cent more than a decade ago and is partly a result of around 10 per cent growth in population, but it also reflects an increase in the prevalence of drug use from 5.2 per cent in 2014, and the availability of new and more accurate data.

The Americas and Asia are home to the largest number of people who use drugs (105 million in each region), followed by Africa (74 million), but the highest prevalence of drug use is found in Oceania (15.5 per cent) and the Americas (15 per cent), followed by Africa (8.6 per cent). Within any region, there is wide variation in the patterns of drug use, but most drug use in the general population is occasional or time-limited, with only a minority of people who use drugs progressing to high-risk or dependent use, and frequent and high-risk use

Drug use in the past year, 2024

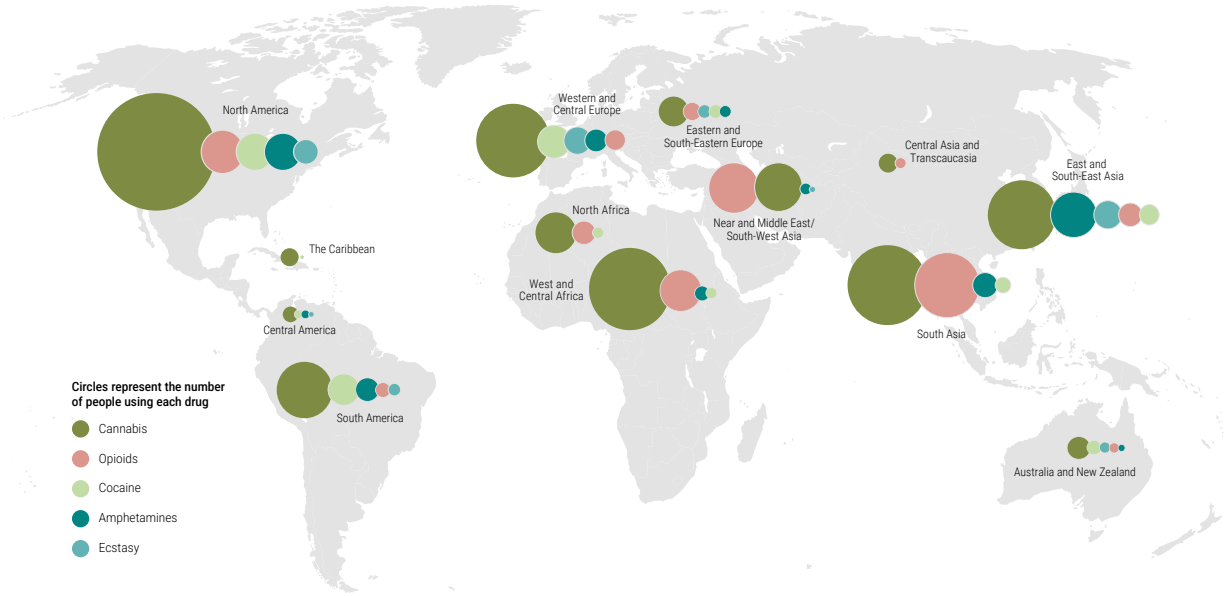


being concentrated among a relatively smaller subgroup of people who use drugs. However, intensive drug use is disproportionately associated with considerable harm to the individual, as well as to society.

Cannabis remains the most used drug and its use is increasing; it is now used by an estimated 256 million people globally. The number of people using cannabis has grown by 40 per cent over the past decade, while the prevalence of its use increased from 3.8 per cent in 2014 to 4.8 per cent in 2024. The largest number of people who use cannabis is found in North America, where the prevalence of use of the drug is comparatively high (20.5 per cent among people aged 15–64).

Despite recent changes in supply in some parts of the world, opioid use appears to have remained rather stable globally, with an estimated 63 million people using opioids, almost half of those using opiates, in 2024. The Near and Middle East/South-West Asia is a subregion with a relatively high prevalence of past-year opioid use, as are North America and West and Central Africa. The largest number of people who use opioids, however, is in South Asia, reflecting the size of the subregion's population rather than very high rates of opioid use. In addition, novel, highly potent opioids have been spreading in different subregions, for example, nitazenes or orphines sold as other substances or

Estimated number of people who use specific drugs, in selected subregions for which estimates are available, 2024



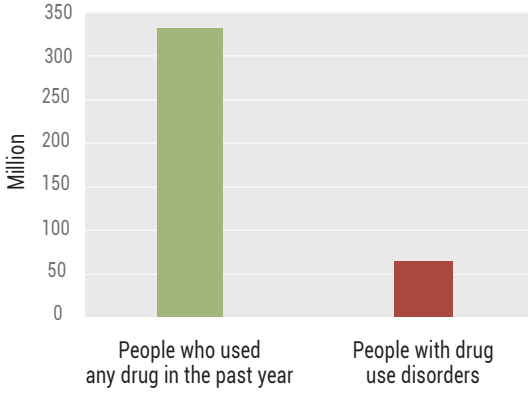
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

mixed with other drugs, in particular in Western and Central Europe and in West and Central Africa, but also in several other subregions and regions.

An estimated 32 million people used amphetamines in 2024. Methamphetamine is used more worldwide than amphetamine. The largest markets of methamphetamine are East and South-East Asia and North America, while the use of amphetamine is highest in the Near and Middle East and in parts of Europe.

The strong growth in cocaine supply over the last decade has been mirrored by the increased consumption of the drug at the global level, except for a dip during the coronavirus disease (COVID-19) pandemic. In 2024, an estimated 25 million people used cocaine worldwide, which is 38 per cent more than a decade ago. The main markets continue to be those in North America, Western and Central Europe, where the use of "crack" cocaine appears to have increased in recent years, and in South America.

Estimated number of people who used any drug in the past year and of people with drug use disorders, 2024

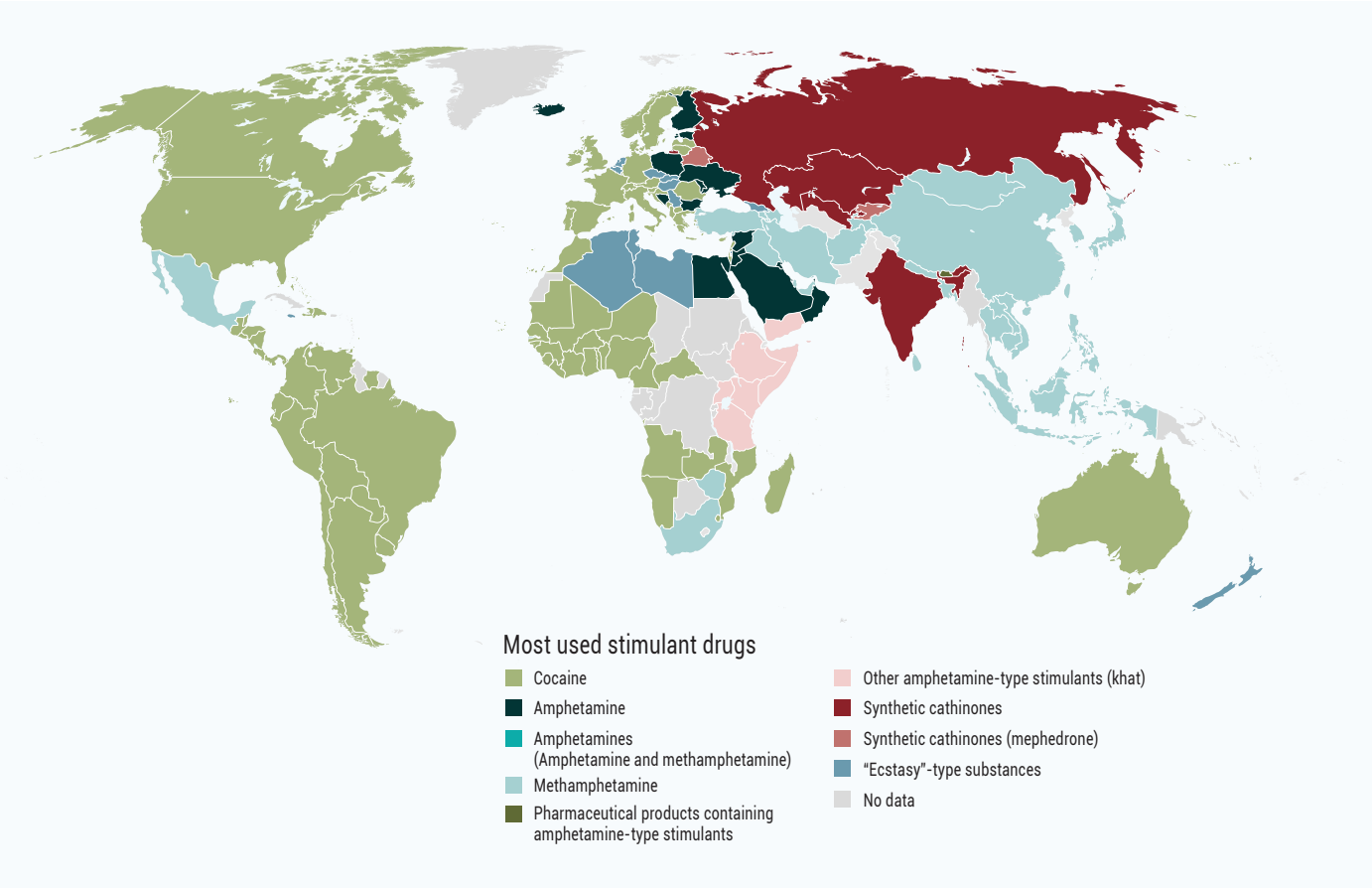


Different stimulant drugs are used in different parts of the world. "Ecstasy" is one stimulant drug that does not dominate any regional stimulant market, unlike cocaine or methamphetamine, yet it is used in many countries. The largest consumer markets for this drug are East and South-East Asia, Western and Central Europe, and North America. An estimated 21 million people used the drug in 2024 at the global level.

In addition to these main drugs – cannabis, opioids, amphetamines, cocaine and "ecstasy" – there are other drugs being used in different regions, but for which global and regional estimates are not routinely available, due to a lack of data. These include drugs that are used less, such as hallucinogens and psychedelics, recently controlled drugs, NPS (including the non-medical use of ketamine), the non-medical use of pharmaceutical drugs other than opioids and amphetamines, and the use of drug mixtures of all kinds.

Levels and patterns of use vary by population group. About three quarters of people who use drugs are men, and the use of drugs remains most concentrated among younger age groups (i.e. among those aged 15–34), although ageing groups of people who use drugs – and who may have specific treatment needs – are also reported from multiple parts of the world.

Most commonly used stimulant drugs (past-year use), 2024 or most recent year for which data are available



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
The final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.
Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.
A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

UPDATES

Sex differences in drug use

Women use drugs less than men, but when they do, the impact on their lives is greater.

Globally, most drugs continue to be disproportionately used by men. Among people who had used any drug in the past year at the global level in 2024, just one in four was a woman. The difference in the extent of drug use between men and women varies widely by drug, region and subregion. This gender gap is the largest in Asia, where 11 times more men than women use cannabis, and the smallest in the Americas and Oceania, where 1.4 times more men than women use the drug. People who use opiates count the highest proportion of men (nearly six men to one woman), whereas sex differences among people who engage in the non-medical use of pharmaceutical drugs are usually smaller than among people who use other drugs. In some countries and age groups, women may even report the higher use of pharmaceutical opioids than men.

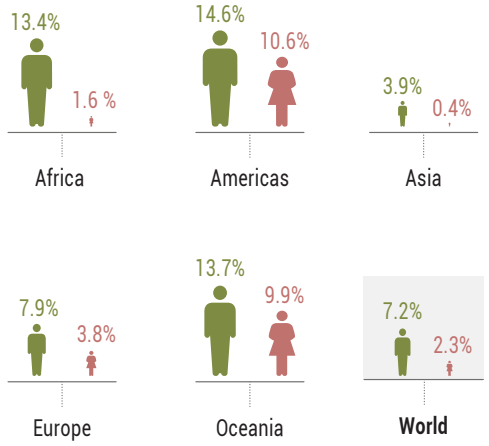
Pathways to drug use and drug use disorders also differ between sexes. Men tend to initiate drug use earlier than women, while some studies suggest that women tend to progress to dependence faster, a phenomenon known as the "telescoping effect". Motivations to initiate drug use may also differ. In men, they are more often associated with peer pressure and sensation-seeking, while women more often report self-medication for mental health issues or pain as motivators for drug use. Similarly, women are more likely to initiate drug use as an internalizing behaviour in order to deal with negative emotions, while men are more likely to initiate drug use as an externalizing behaviour, which includes impulsivity and deviant peer affiliations. In addition, men more often acquire and use drugs in public places, streets and party scenes than women, whose drug acquisition and use is more often hidden, domestic and private.

Biological (including body mass), neurological and hormonal differences also matter when it comes to drug use. Women tend to perceive faster and stronger effects from the same dose of a drug than men, but also more significant side effects. Reward pathways, craving, tolerance, withdrawal and risks of relapse also differ between sexes; women, overall, show a greater propensity to drug relapse than men.

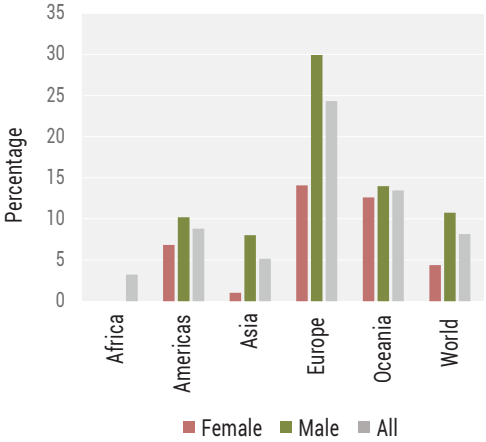
As is the case with drug use in general, more men than women inject drugs. Nevertheless, although only about one in four people who inject drugs is a woman (on the basis of limited data from 23 countries), women who inject drugs carry a higher individual burden of health and social consequences. For example, women are 20 per cent more likely than men to be living with HIV (on the basis of data from 63 countries). The vulnerability of women stemming from conventional gender roles and gender power structures and relations may also increase their vulnerability to unsafe sexual and injecting behaviours. Women who inject drugs are likely to have a male intimate partner who originally initiated them into injecting; they are also likely to ask their male partner for assistance in injecting. Such patterns may reflect gendered power asymmetries and, in some settings, experiences of coercion or intimate partner violence. Women who use drugs, including those who inject drugs, are also at risk of reproductive harms, including foetal harms, and are vulnerable to gender-based violence and abuse perpetrated both by their intimate partners and by other people who use drugs around them, which can include physical, sexual and psychological violence, aggression or stalking, and often leads to PTSD and long-term injuries.

As with drug use, fatal drug overdoses are, overall, largely dominated by men. However, research has shown that women exhibit higher rates of multiple overdoses (both fatal and non-fatal overdoses), as well as a higher proportion of overdoses due to intentional self-harm (i.e. suicide).

Cannabis use in the past year, by sex and region, 2024



Estimated proportion of people with drug use disorders who receive drug treatment, by sex and region, 2024



Women suffering from drug use disorders tend to also have higher rates of psychiatric comorbidity, in particular depression and anxiety disorders, than men. In women, the comorbid disorder, especially depression or PTSD, is more often primary (i.e. it precedes drug use), while in men, such comorbidity is more often secondary to the substance abuse diagnosis (i.e. it is a consequence of drug use).

In addition to suffering more significant health harms than men, women who use drugs bear a higher burden of social consequences. They often face higher stigma and moral judgment from society than men regarding their use of drugs, leading in some cases to double, triple or multiple stigma. This occurs when women are stigmatized not only because of drug use but also for not conforming to gender role expectations, which is aggravated if they have children. These forms of stigma may be further compounded by other factors, such as homelessness, mental health issues and socioeconomic vulnerability, or any combination thereof.

When they enter drug treatment, women exhibit similar or, in some cases, better treatment outcomes in relation to drug use disorders than men. However, women are less likely to access drug treatment. At the global level, in 2024, only 1 in 23 women who suffered from drug use disorders were estimated to be in drug treatment, compared with 1 in 9 men. Stigma may make drug treatment less easy to seek when needed for women, but this is only one of the reasons for them being less likely to enter drug treatment or access other needed services. Other reasons include a lack of services that meet their specific needs, including for reproductive health and other medical and psychiatric comorbidities, but also the fear of legal sanctions, a lack of support for social roles and responsibilities, a lack of childcare and the fear of losing custody of their children while in treatment.

UPDATES

Health consequences of drug use

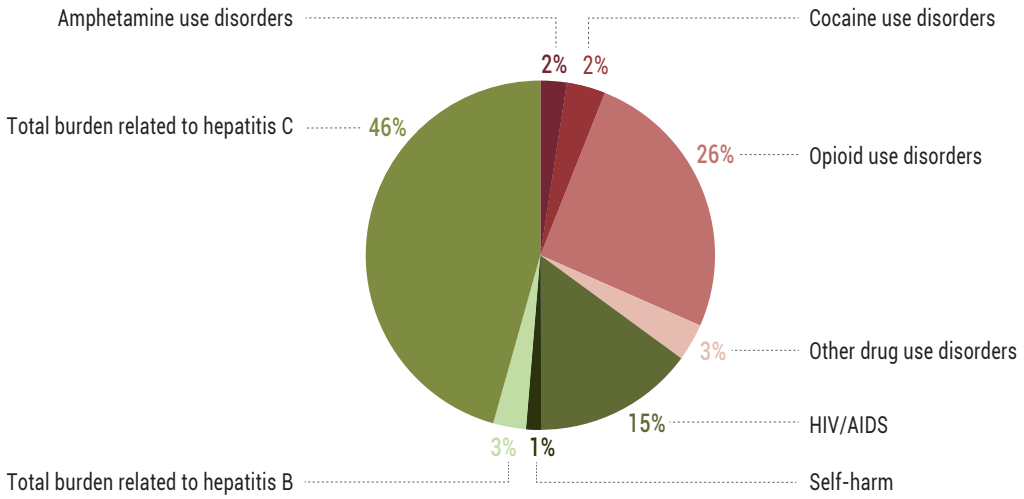
Opioids continue to account for the largest part of the global burden of disease attributed to drug use, while hepatitis C remains a key driver of drug use-related deaths.

Drug use can lead to a number of health harms, both at the aggregate and individual levels, depending on how many people are using a certain drug, drug pharmacology and contents, and drug use patterns and contexts.

Drug use-related deaths can be direct, such as fatal overdoses. They can also be indirect, resulting from other causes associated with drug use, for example, motor vehicle and other accidents, violence, suicide by means other than drug poisoning, and chronic diseases such as infectious diseases (e.g. HIV, hepatitis). According to the Global Burden of Disease Study, nearly half a million deaths (492,000 deaths: range 440,000–549,000), of which 172,500 were direct deaths, were attributed to drug use in 2023 at the global level. This estimate is 29 per cent higher than a decade ago, partly due to population growth. The year-on-year change from 2022 to 2023 shows a stabilization after decades of increments. Cirrhosis and other liver diseases resulting from hepatitis C continue to be the most common cause of indirect deaths, while opioid use disorders account for most direct deaths.

A large number of people who use drugs, particularly those who inject drugs, are living with infectious diseases. In 2024, an estimated 14.3 million people, or 0.27 per cent of the global population aged 15–64, injected drugs. The risk of acquiring HIV is 14 times higher among PWID than in the wider population, and in 2024, almost one in eight PWID worldwide (1.7 million people) were living with HIV. Southern Africa (41.4 per cent), South-West Asia (28.5 per cent) and Eastern Europe (25.7 per cent) were the regions with the highest prevalence of HIV among PWID, whereas in absolute terms, the largest estimated numbers of PWID

Causes of direct and indirect drug-related deaths globally, 2023



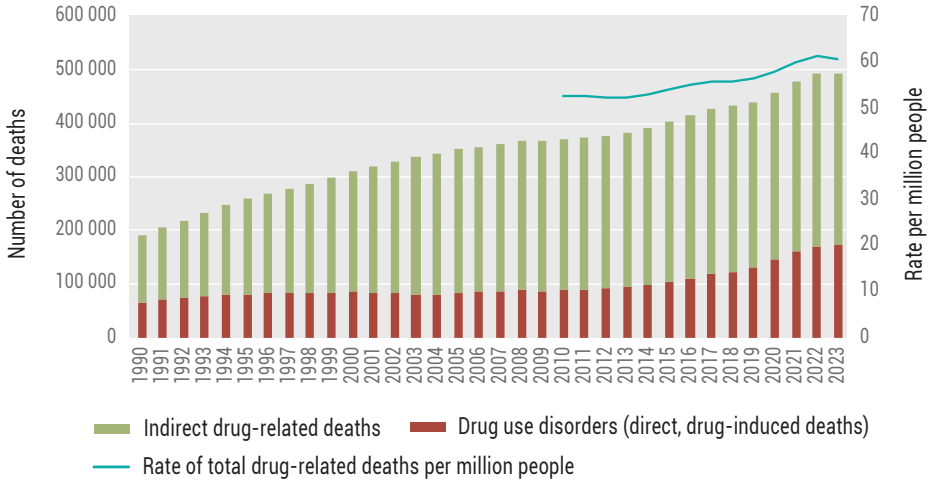
living with HIV were found in Eastern Europe (436,000 people) and East and South-East Asia (281,000).

Injecting drug use continues to be a significant driver of the global hepatitis C epidemic. WHO estimated that 23 per cent of new hepatitis C infections worldwide in 2019 were attributed to unsafe drug injecting practices. In 2024, nearly half of PWID globally (7 million people) were living with hepatitis C. Hepatitis C continues to account for a large proportion of the global burden of disease attributed to drugs: in 2023, cirrhosis and other liver diseases resulting from hepatitis C accounted for 25 per cent of the 29 million healthy years of life lost due to disability and premature death attributed to drug use, second only to opioid use disorders. Cirrhosis and liver diseases resulting from hepatitis C are also the leading cause of death attributed to drug use (46 per cent or 224,528 deaths in 2023).

Drug use often co-occurs with mental health problems in a complex relationship that also involves common genetic and neurobiological pathways and common adverse experiences (e.g. trauma). Psychiatric disorders may also be induced by drug use, for example in the case of stimulant or cannabinoid-induced psychoses, substance-induced mood disorders or substance-induced anxiety conditions. Comorbidity between substance use disorders and mental health disorders in turn influences the course, patterns, severity and outcomes of drug use disorders, often leading to a higher severity of the drug use disorder, lower functioning and poorer treatment outcomes.

Moreover, drug use can lead to drug use disorders, including drug dependence. In 2024, an estimated 63 million people were suffering from drug use disorders worldwide. Over the period 2020–2024, Member States reported the highest number of people suffering from drug use disorders in relation to opioids (mostly heroin and misused pharmaceutical opioids), followed by cannabis, cocaine and amphetamine-type stimulants. Cannabis continues, however, to be the main drug type associated with treatment for drug use disorders at the global level, followed by opioids, cocaine and amphetamine-type stimulants. This ranking is

Global estimates of the numbers of deaths directly or indirectly related to drug use, 1990–2023

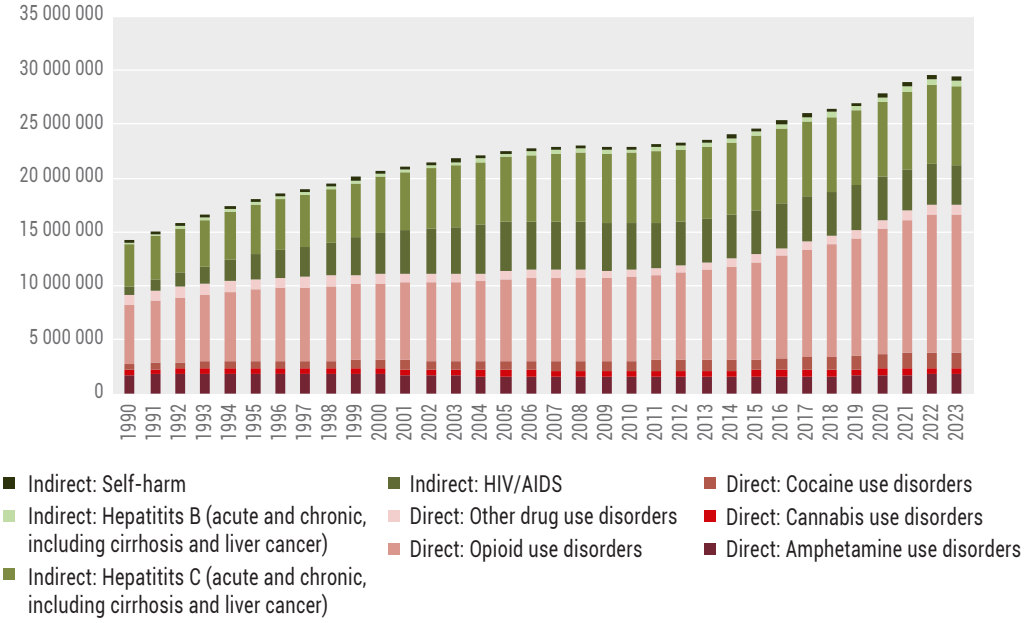


similar among men and women in drug treatment. The global burden on drug services resulting from cannabis use stems from the fact that, although use of the drug may lead less readily to dependence than other drugs, cannabis is by far the most used drug worldwide. In addition, evidence from various parts of the world suggests that an increasing proportion of drug-related harms are linked to combinations of substances, which introduce greater unpredictability in clinical presentation and may complicate treatment responses.

The vast majority of people suffering from drug use disorders worldwide continue not to access or have limited access to treatment services, despite the need for such services. Only 1 in 12 of those who suffer from drug use disorders received some form of drug-related treatment in 2024. Access to treatment can be even lower in some population subgroups (e.g. among women) and in some regions (e.g. Africa and Asia).

Several factors contribute to the suboptimal uptake of drug treatment, starting with people not perceiving the need for treatment and including a number of barriers to accessing such treatment. These barriers may be higher for women because of heightened stigma, expectations related to social roles and a lack of gender-sensitive treatment interventions. In general, barriers to accessing drug treatment services include the high cost of interventions for patients, a lack of funding or human resources and the limited capacity of treatment services (resulting in long waiting lists), an absence of approved medications that are essential for drug treatment or a lack of effective pharmacotherapy (e.g. for stimulant use disorders), stigma and sometimes criminalization faced by patients, and a lack of dedicated services for specific population groups (e.g. a lack of rehabilitation treatment services for children with drug use disorders).

Years of "healthy" life lost attributable to the use of drugs at the global level, 1990–2023



Four most frequently occurring drug groups as the primary drugs associated with drug treatment, 2020–2024

	Africa	Americas	Asia	Europe
Rank 1	Cannabis-type drugs	Cannabis-type drugs	Opioids, including opiates and synthetic opioids	Opioids, including opiates and synthetic opioids
Rank 2	Opioids, including opiates and synthetic opioids	Cocaine-type drugs	Cannabis-type drugs	Cannabis-type drugs
Rank 3	Cocaine-type drugs	Opioids, including opiates and synthetic opioids	Amphetamine-type stimulants	Cocaine-type drugs
Rank 4	(Non-medical use of) pharmaceutical sedatives and tranquillizers	(Non-medical use of) pharmaceutical sedatives and tranquillizers	(Non-medical use of) pharmaceuticas sedatives and tranquillizers	Amphetamine-type stimulants

UPDATES

New psychoactive substances

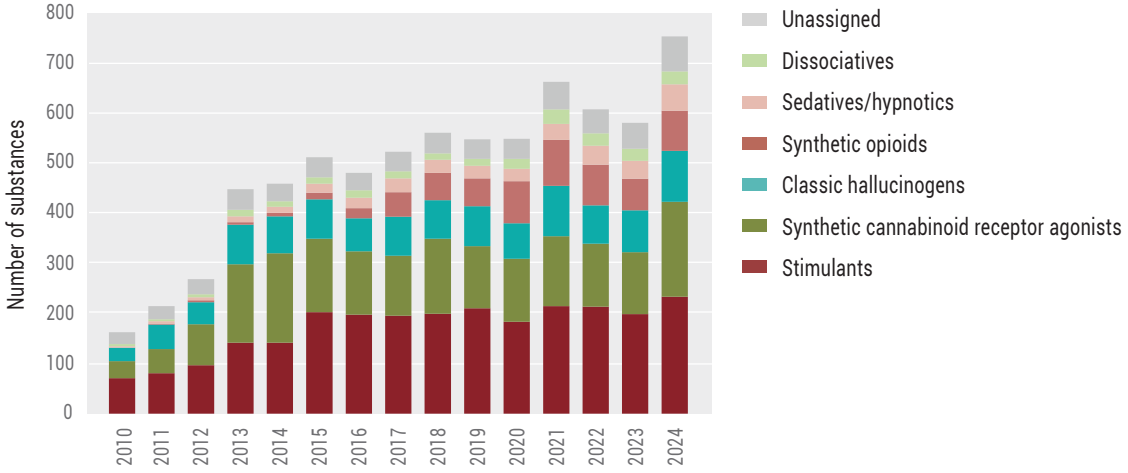
While traffickers continue to innovate, increasing the number of NPS on the global market in 2024, none has achieved a predominance comparable to that of traditional controlled drugs.

The number of different NPS on the global drug market continues to increase. However, beyond the misuse of certain pharmaceuticals such as tramadol and ketamine (both licitly and illicitly manufactured), which are not under international control, not one NPS has joined the list of the mostly widely used drugs in the global drug market. Nevertheless, NPS remain a threat to those who use them, and some, such as a number of fentanyl analogues or nitazenes that are not yet under control, may be riskier than controlled substances. However, in global aggregated terms, the threat posed by NPS seems to have been largely contained, as the number of people using them is far smaller than the number of people using internationally controlled drugs. Thus far, when a single NPS has become a sizeable health threat, it has been placed under international control and subsequently – in a number of cases – has largely disappeared from the global market. By the end of 2026, the international control system will have placed 92 NPS under international control since 2014.

In 2024, 755 different NPS were reported by Member States as being on the global drug market, of which 118 substances were identified for the first time. While the NPS market is in constant flux with the emergence and disappearance of substances every year, it has long been dominated – in terms of the number of different substances on the market – by synthetic cannabinoids, followed by synthetic cathinones and synthetic phenethylamines (both primarily stimulants).

There has been a major change in recent years in the number of different synthetic opioid NPS on the global market. They showed a rapid expansion until 2021, followed by a decline in subsequent years, mainly related to a decline in the number of different fentanyl analogues on the market after 2022, as a result of improved

Number of different NPS reported to have been on the market at the global level, 2010–2024



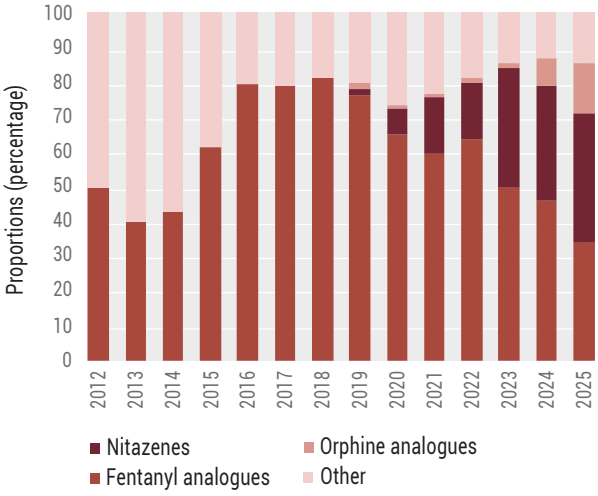
controls in some countries. In contrast, the number of identified nitazenes has grown rapidly since the first reports of such drugs in 2019 and more recently there has also been an increase in the number of reported orphine analogues.

Seizure data suggest that synthetic NPS are now trafficked across all regions. Notably, based on volume, there is an overall concentration of seizures in East and South-East Asia, mostly of ketamine. Based on laboratory testing, North America and Europe have the largest variety of NPS on the market.

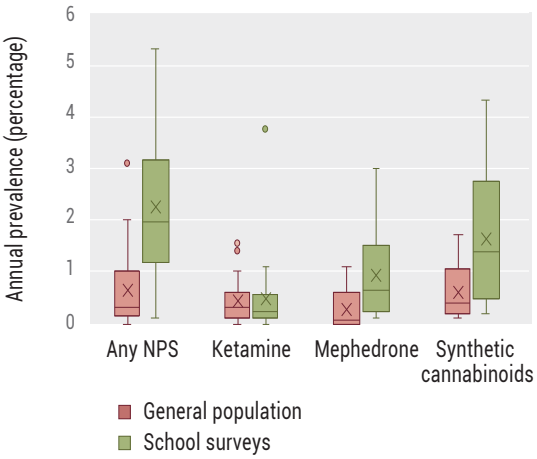
Large seizures of NPS were reported in West Africa in recent years, mainly due to the emergence of "kush" – a drug mixture made of plant material and synthetic drugs such as synthetic cannabinoids or nitazenes. The subregion accounted for 70 per cent of the global quantities of synthetic cannabinoids seized over the period 2020–2024, although the quantities of actual cannabinoids in these "synthetic cannabinoid seizures", containing, primarily, plant material, remain rather small. Ketamine, a pharmaceutical drug that is also misused, continues to dominate synthetic NPS seizures globally. The drug accounted for 68 per cent of the quantities of synthetic NPS seized over the period 2020–2024, followed by synthetic cannabinoids (28 per cent) and synthetic cathinones (4 per cent).

Monitoring the prevalence of NPS use remains a challenge due to uncertainty about the content of NPS, their labelling and because such substances tend to suddenly appear in the market and then, just as suddenly, disappear. The few studies available on the prevalence of NPS use are concentrated in high-income countries, where they suggest a lower use of NPS than of internationally controlled drugs; in the 26 countries with available data, 0.3 per cent of the adult population are estimated to have used NPS according to self-reports in the past year. That percentage is lower than that for the prevalence of use of cannabis, opioids, amphetamines, cocaine or "ecstasy". As in the case of internationally controlled drugs, use is lower among women than men and higher among high-school students (those aged 15 and 16) than the adult population.

Distribution of the number of different synthetic opioid NPS reported on the global market, 2012–2025 (preliminary data)



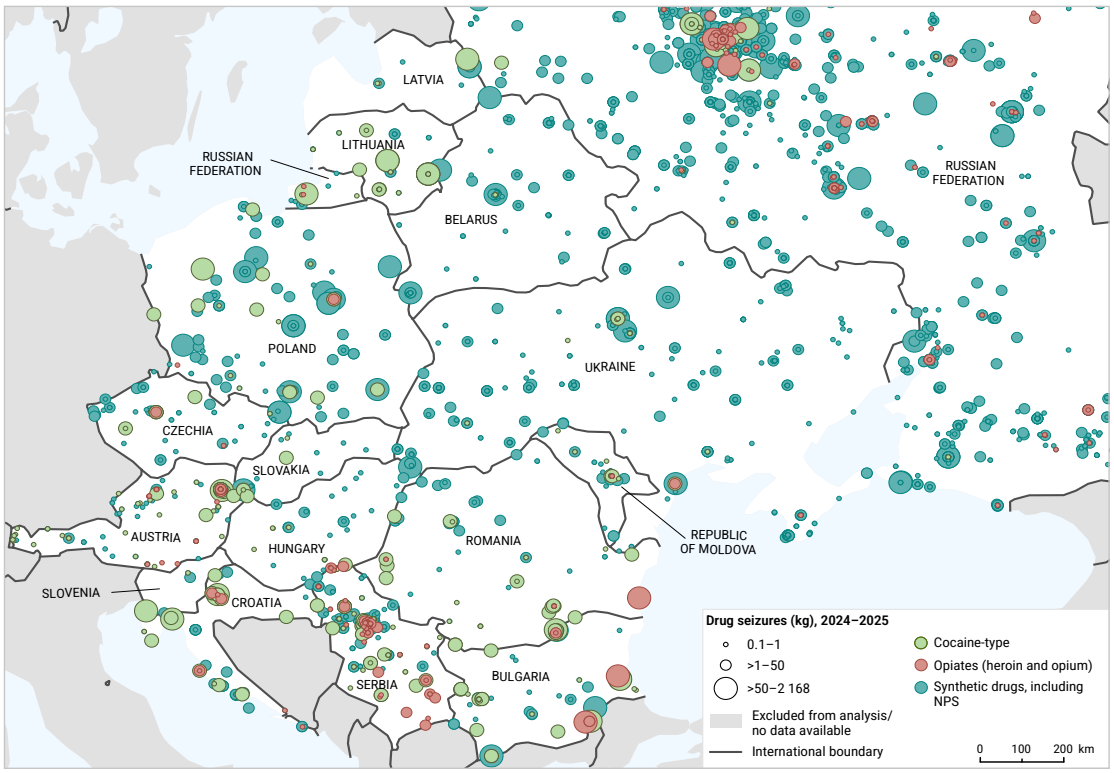
Use of NPS among the general population aged 15 to 64 and high-school students (those aged 15 and 16), in 2024 or the most recent year for which data are available



Monitoring the harm caused by the use of NPS is even more difficult than measuring their use. Given the large variety of NPS, defining their overall impact on health can be challenging. Nonetheless, in general terms, the adverse effects of NPS on individuals may include somatic harm (including fatal and non-fatal poisonings) and psychiatric harm. In aggregated terms, however, health harm ascribed to the use of NPS in official data seems to be at a lower level in most countries than that resulting from the use of internationally controlled drugs, mostly because the number of people using NPS is much smaller than the number using controlled drugs.

In terms of deaths, the aggregated health impact of NPS also seems much lower than that of controlled substances. The situation may be less clear-cut in Canada and the United States, where large numbers of people have died from the use of fentanyls (i.e.

Significant seizures of opiates (excluding morphine), cocaine and synthetic drugs (including NPS) in Ukraine and neighbouring countries, 2024–2025



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

fentanyl, a controlled substance, and fentanyl analogues, some of which are not controlled) in recent years.

In toxicological findings reported by 65 countries (excluding the United States) to UNODC, an average of just 1.6 per cent of people who died from direct drug-related causes in 2024 (or the latest year for which data are available) had a NPS in their system, although the precise identification of NPS may be lacking in some countries. A major issue with NPS is that people who use them may do so unwittingly, in particular when NPS are used to adulterate other drugs. Such adulterants may include potent opioids such as fentanyl analogues or, more recently, nitazenes that are not under international control, which are associated with significant overdose mortality.

NPS are rarely the primary drug of use for which people seek drug treatment. Of 2.9 million people undergoing drug treatment in 140 countries in 2024 (or latest year available), less than 1 per cent reported NPS as their primary drug of use and, in the 36 countries where such cases were reported, the role of NPS was minor, accounting for 1.4 per cent of all people in treatment in those countries.

An online survey conducted among a relatively large but non-representative sample of people who use drugs, showed that, in European Union countries, 16 per cent of the respondents reported the use of NPS in the past year, and 14 per cent reported the use of ketamine in the past year, compared with levels that were two to three times higher for the use of internationally controlled substances such as cannabis, "ecstasy" or cocaine. Among respondents from selected South-Eastern European countries and territories, 5 per cent used NPS and 3 per cent used ketamine, with levels of use of internationally controlled substances also far higher.

Synthetic stimulants, such as methamphetamine and methcathinone (locally known as ephedrone), have existed for decades in the drug markets of Central Asia and Transcaucasia and of Eastern Europe, where opiates have traditionally dominated the drug market. This appears to have facilitated the spread of various new synthetic stimulants, notably, other synthetic cathinones and various new amphetamines over the past decade. The importance of Eastern Europe, Central Asia and Transcaucasia is particularly pronounced in the case of synthetic cathinones as these subregions together accounted for 71 per cent of global quantities of synthetic cathinones seized over the period 2020–2024.

According to qualitative reporting, NPS were among the top five used drug groups for which people were seeking drug treatment over the past five years in Armenia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation, Tajikistan, Ukraine and Uzbekistan.

The NPS markets in Eastern Europe and in Central Asia and Transcaucasia have been developing dynamically over the past few decades – and even more so in recent years. For example, in the Russian Federation, after a sharp increase in the use of mephedrone up to 2010, other synthetic cathinones replaced it, most notably MDPV and then α-PVP, following the legal control of mephedrone at the national level in July 2010 and of MDPV in February 2011. Both MDPV and mephedrone also came under international control a few years later in 2015; α-PVP was controlled at the national level in 2014 and came under international control in 2016. This opened the door for the emergence of yet other new synthetic cathinones on the market.

In the Republic of Moldova, a diverse spectrum of NPS, mainly synthetic cathinones, were documented among people who use drugs in a 2022 survey.

In Kazakhstan, synthetic stimulants (including synthetic cathinones and amphetamines) have become firmly established, alongside opiates, within the drug market. The substantial overlap between people using opiates and synthetic stimulants, either concurrently or sequentially, suggests that, although the widespread use of synthetic stimulants is a relatively recent development, it has not displaced the use of opiates.

UPDATES

Availability of pharmaceutical opioids for medical use

Despite some progress, major gaps remain in the access to and availability of pharmaceutical opioids for pain management and palliative care in low- and middle-income countries.

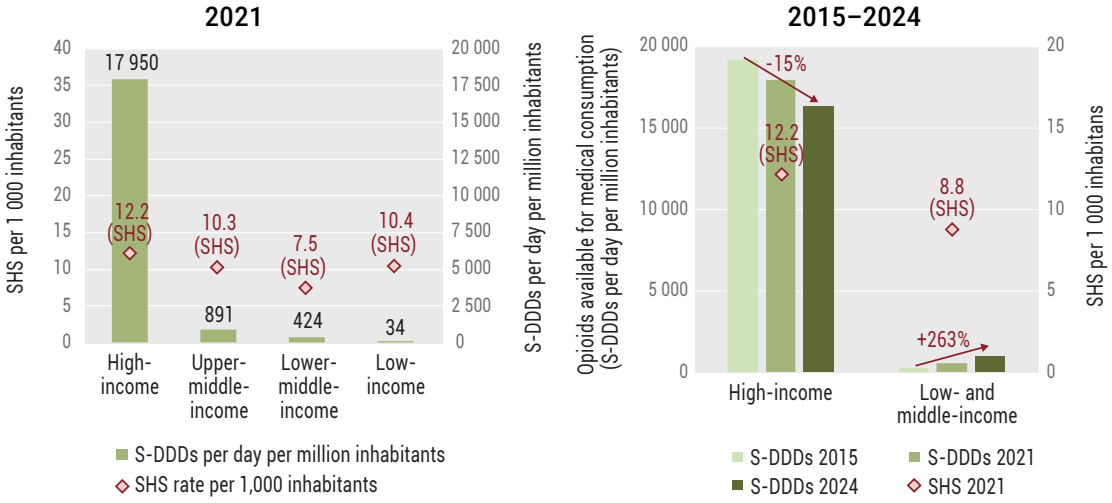
Despite some progress made in recent years, the availability of pharmaceutical opioids for pain management and palliative care remains extremely low in most low- and middle-income countries and is higher than the actual need in some high-income countries.

In 2021, 73.5 million people globally experienced serious health-related suffering (SHS) – defined by the Lancet Commission on Palliative Care and Pain Relief as pain, suffering and severe distress associated with a life-threatening health condition or the end of life that cannot be relieved without medical intervention and is potentially amenable to relief through palliative care. Nearly 80 per cent of the global burden of serious health-related suffering (58.7 million people) was reported from low- and middle-income countries in 2021, while pharmaceutical opioids available for medical consumption in those countries accounted for 14 per cent of the global total in 2021 (compared with 20 per cent in 2024). An earlier study estimated that, on average, only 12 per cent of the need for palliative care for health conditions most associated with serious health-related suffering was met in low- and middle-income countries in 2015.

Another way of documenting that skew is that 87.5 per cent of the global population lived in 2024 in countries where the availability of pharmaceutical opioids for medical use was below the global average. Of course, the level of desirable availability for individual countries depends primarily on the prevalence of people in need of such medications and thus may differ between countries.

Comprehensive data for 2021 showed that the overall rate of serious health-related suffering was almost 40

Serious health-related suffering (SHS) and internationally controlled opioids (excluding preparations) available for medical consumption, by income group of countries, 2015–2024



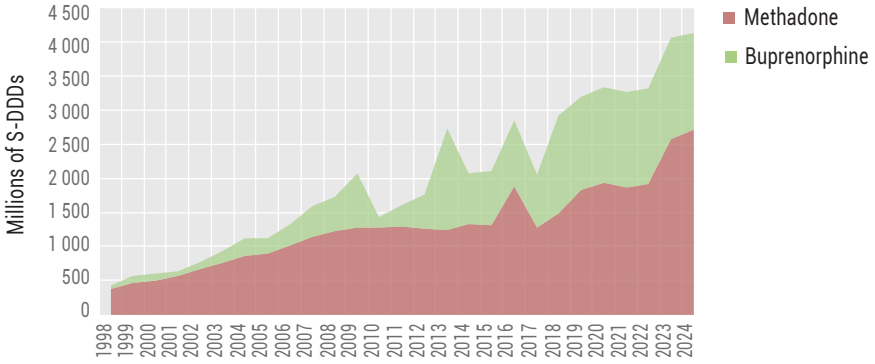
per cent higher in high-income countries than in low- and middle-income countries, mostly due to the higher proportion of cancer, cardiovascular diseases and dementia in high-income countries, mainly linked to the older and ageing populations living in those countries. This, however, does not explain why the availability of opioids for pain management and palliative care in low- and middle-income countries was 96 per cent lower than in high-income countries in 2021.

Trends over the past decade (2015–2024) show a reduction in the availability of pharmaceutical opioids for medical consumption in high-income countries (a reduction of 15 per cent) in which the consumption is high – and more markedly in North America (a reduction of 18 per cent), where consumption is the highest worldwide. In contrast, it has increased nearly threefold in low- and middle-income countries, albeit from comparatively very low levels.

A number of barriers to improving access to and the availability of pharmaceutical opioids for pain management and palliative care have been identified. A survey from 2022 identified problems in sourcing opioids, a lack of training of healthcare professionals and the fear of addiction as the three main barriers or constraints in making pharmaceutical opioids available and accessible for populations in need. The opioid crisis in North America, which has been linked to the aggressive marketing and overprescription of pharmaceutical opioids for reasons other than cancer treatment, surgery and palliative care, has also likely raised concerns about the misuse of pharmaceutical opioids in other countries.

Barriers to availability of controlled substances, 2022

Methadone and buprenorphine available for medical consumption (excluding preparations), 1998–2024

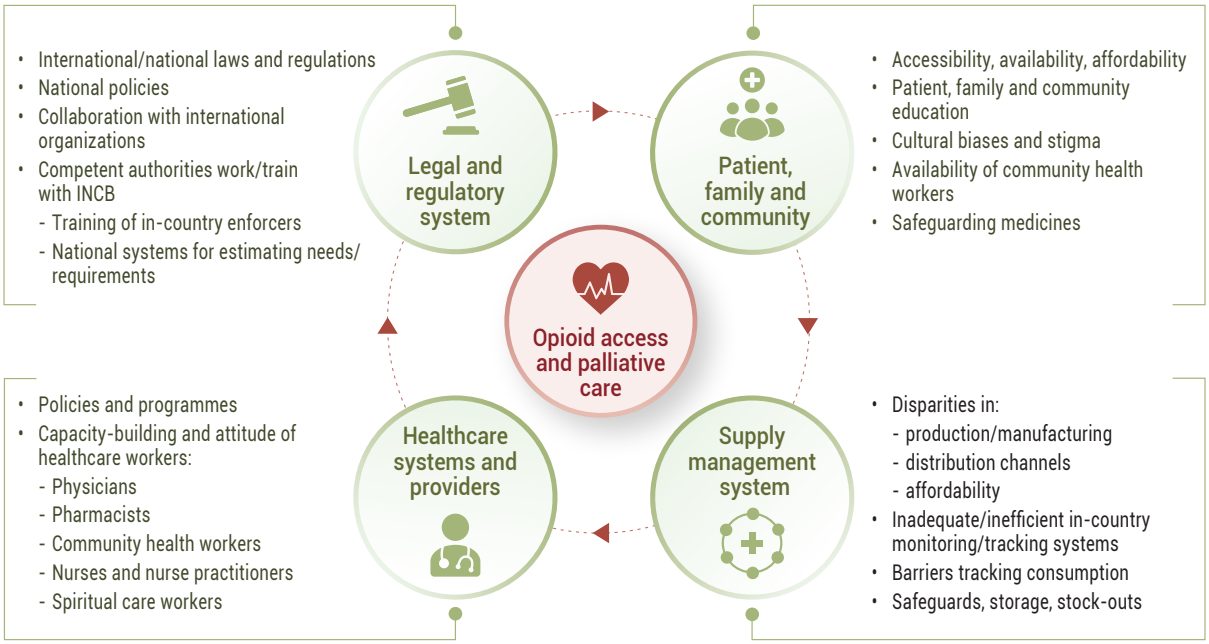


Availability of pharmaceutical opioids for medical use

The barriers or impediment to the availability and access to pain management and palliative care include historical vestiges across multiple systems, that is, government and regulatory systems, healthcare and society (including cultural attitudes towards the treatment of pain), as well as the modern-day challenges of sourcing and financing the availability of pharmaceutical opioids. Insufficient training and awareness among healthcare professionals, the fear of addiction and cultural stigma around the use of pharmaceutical opioids and the need for pain management and palliative care all act as reinforcing obstacles to patients accessing the treatment and care they need.

Even when medications are available, a lack of policy on pain management and palliative care, and of affordability of medications, remains a major barrier, especially in countries with limited resources allocated to healthcare and with high out-of-pocket costs for people. Trade control measures, the prices of pharmaceutical opioids being driven up by regulatory and import requirements, weak distribution systems, a lack of public reimbursement and the absence of inexpensive formulations such as morphine add to such impediments. Manufacturers in many countries may also avoid producing low-cost options such as morphine, if they are seen as unprofitable. Lastly, poor

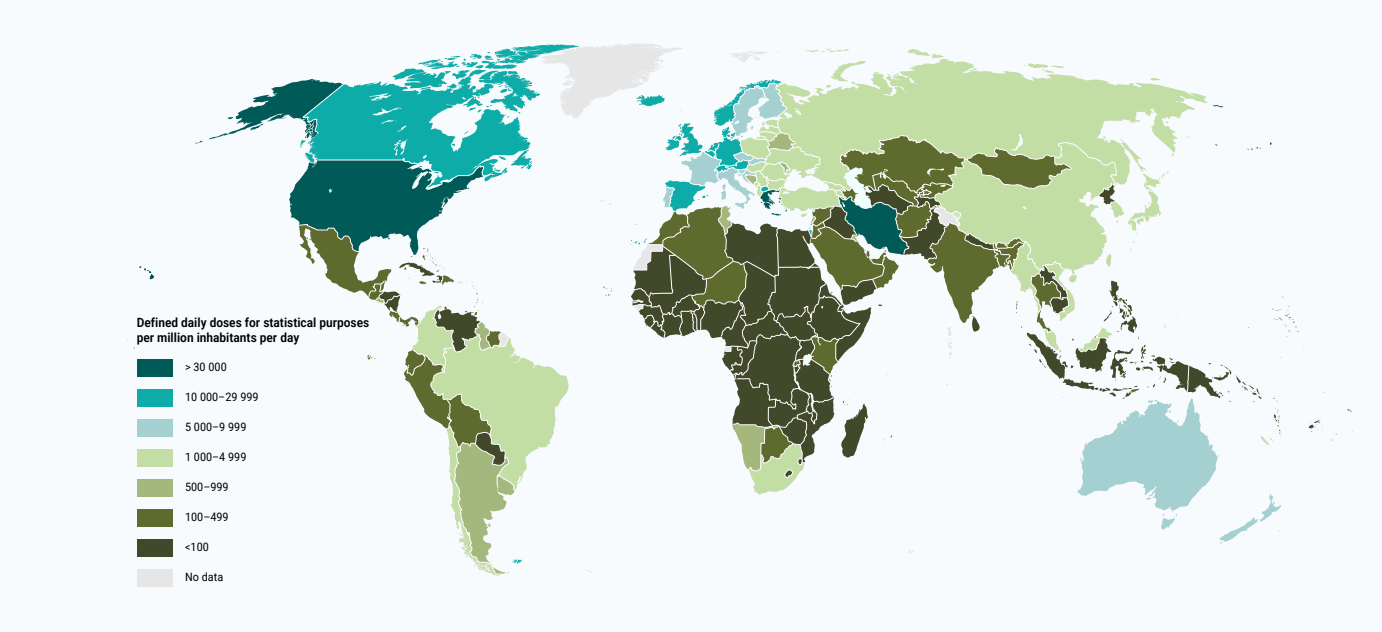
Systems and influences affecting acess to and availability of controlled medicines



national systems for estimating opioid needs, burdensome regulations for obtaining medications, the fear of prosecution or sanctions by regulatory authorities, and supply-chain delays further restrict the availability of essential pharmaceutical opioids for pain management and palliative care.

In addition to their use as analgesics, two opioids, methadone and buprenorphine, are the recommended opioid agonist medication in the treatment of opioid use disorders and are included in the WHO Model List of Essential Medicines. There has been a significant increase in the availability of methadone and buprenorphine, taken together, for medical purposes since 1998. The availability of these medicines for opioid agonist treatment remains geographically uneven and only partially corresponds to the prevalence of opioid use disorders across countries.

Standard doses of opioids under international control (excluding preparations) available for medical consumption, 2024 or the latest year available



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
The final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.
Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.
A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

UPDATES

Legalization and regulation of non-medical cannabis

As observed in North America, the legalization of cannabis for non-medical use has followed a continuum driven by the progressive normalization of its use – a process that has also influenced developments elsewhere. In recent years, however, the declining trend in the perceived harmfulness of regular cannabis use has been reversed, and risk perception has increased among adolescents and adults in North America, which is likely to also influence public health outcomes.

As of December 2025, Canada, Uruguay and 28 jurisdictions in the United States had enacted legal provisions, either through legislative measures or by popular ballot, allowing the cultivation, production sale and possession of cannabis for non-medical use by adults. Most of the jurisdictions in Canada and the United States where the non-medical use of cannabis has been legalized now allow the for-profit cultivation, production and sale of cannabis products. Meanwhile, in Uruguay, there is a partially controlled, State-regulated retail market with limited commercialization.

Different legislative approaches have also emerged recently in other countries that allow varying degrees of regulated access to cannabis for non-medical use. In Western and Central Europe, Malta (2021), Luxembourg (2023) and Germany (2024), and, more recently, Czechia (2026), have regulated access to cannabis for non-medical use for adults – those aged 18 years and older, or those aged 21 years and older in the case of Czechia – by allowing the home cultivation of a fixed number of plants and the possession of limited quantities of cannabis for personal use. In addition, Germany and Malta allow collective cannabis cultivation by associations that grow and supply limited quantities of cannabis to their members. The development of a commercial supply chain for access to cannabis for non-medical use, however, has thus far not been developed in those countries. Cannabis social clubs also operate in Belgium, France, Slovenia and Spain, although such clubs have not been officially endorsed by the authorities in those countries.

In South Africa, a legislative act was passed in 2024 that sets forth legal provisions for the cultivation, possession and consumption of cannabis by adults in private dwellings, as well as the possession of limited quantities of cannabis in public, although the public consumption of cannabis is not permitted. Similarly, in June 2021, the Supreme Court of Mexico passed a judgment declaring the prohibition of the non-medical use of cannabis unconstitutional, which resulted in adults being allowed to possess and home-grow cannabis under certain conditions. In Australia, the Australian Capital Territory is the only jurisdiction that, since 2020, has allowed adults to cultivate cannabis at home and possess specified quantities of cannabis.

Other countries, such as Netherlands (Kingdom of the) and Switzerland, are currently conducting experiments to improve understanding of the impact of different models of supply and distribution of non-medical cannabis in several localities.

In the Kingdom of the Netherlands, the possession and the sale of cannabis for non-medical use remain criminal offences, but they are nonetheless tolerated under the "Dutch law" for amounts that do not exceed 5 grams of cannabis or five cannabis plants. In addition, since 2023, a number of municipalities (10 since 2025) have been participating in an experiment which allows coffee shops to only sell regulated cannabis products supplied by permitted growers. The experiment is aimed at examining the possible decriminalization of regulated cannabis supply, reviewing the most suitable implementation methods, and assessing the ensuing effects of regulated supply on public health and safety.

Since 2021, Switzerland has allowed cantons, municipalities, universities and other entities to collaborate and conduct pilot trials to assess the impact of an alternative regulatory model to access cannabis for non-medical use, with a view to better understand

Summary of policy developments in selected jurisdictions that allow varying degrees of regulated access to cannabis for non-medical use

Jurisdictions that have legalized and regulated the full supply chain of cannabis for non-medical use	
Canada	Since October 2018, the commercial cultivation, production, sale and possession of cannabis products for non-medical use by adults (18 years and older) has been legalized. Each province has its own mechanism of public and private retail outlets and for the online sale of cannabis for non-medical use.
United States of America	While cannabis is illegal at the federal level, as of December 2025, 24 states, the District of Columbia and three territories had enacted legal provisions that allow the for-profit cultivation, production and sale of cannabis for non-medical use for adults aged 21 years and older. In 2012, Colorado and Washington were the first states to legalize, through popular ballot votes, the supply chain for the non-medical use of cannabis. Different jurisdictions have developed specific regulatory frameworks, supply-chain structures and taxation systems permitting the non-medical use of cannabis.
Uruguay	Since 2013, the cultivation, production, dispensing and use of cannabis for non-medical purposes has been permitted for adults aged 18 and older. Such individuals can access cannabis for non-medical use, upon registration, by choosing one of three options: (a) purchasing cannabis in authorized pharmacies; (b) being a member of a cannabis club; or (c) cultivating cannabis domestically.

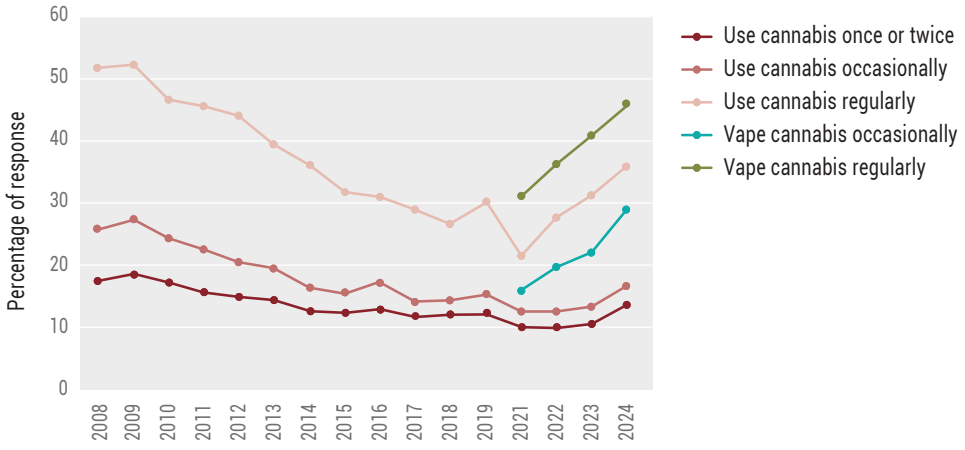
Jurisdictions that have regulations, other than legalization of the full supply chain, allowing access to cannabis for non-medical use	
Australia	Since 2020, the Australian Capital Territory has permitted adults (18 years and older) to cultivate up to four plants per household and to possess up to 50 grams of dried cannabis or 150 grams of fresh cannabis.
Czechia	Since January 2026, adults (21 years and older) are permitted to possess 25 grams of cannabis in public and 100 grams at home and to cultivate up to three cannabis plants in their dwelling.
Germany	Since April 2024, the Cannabis Act has regulated controlled access to non-medical cannabis among adults (18 years and older), allowing the home cultivation of three cannabis plants and the possession of 25 grams for personal consumption, and the non-commercial cultivation of cannabis within cannabis associations or clubs limited to 500 adult members.
Luxembourg	Since June 2023, the cultivation of up to four cannabis plants per household and the possession of less than 3 grams of cannabis by adults (18 years and older) in public are permitted.
Malta	Since 2021, the possession of up to 7 grams of cannabis for personal use and the cultivation of up to four plants in a safe and discreet place by a person over the age of 18 are permitted. Cannabis Harm Reduction Associations with a maximum membership of 500 individuals can cultivate cannabis and can provide up to 7 grams per day or 50 grams per month to each member.
Mexico	In June 2021, the Supreme Court of Mexico passed a judgment declaring unconstitutional the prohibition of non-medical use of cannabis. As an outcome, adults (18 years and older) are allowed to possess up to 28 grams of cannabis and to cultivate at home limited cannabis plants after obtaining an authorization from the Federal Commission for the Protection against Sanitary Risks (COFEPRIS), Ministry of Health.
South Africa	The Legislative Act 7 of 2024 sets forth legal provisions permitting adults (18 years and older) to cultivate, possess and consume cannabis in private dwellings. It also allows the possession of limited quantities of cannabis in public. The Act has not yet been operationalized.
Thailand	In June 2022, the Government removed cannabis from the list of prohibited substances, creating a legal vacuum that was followed by multiple notifications to regulate the non-medical use and supply of cannabis. However, in June 2025, the Government reclassified cannabis as a “controlled herb” and, since then, sales of cannabis have only been allowed with a medical prescription.

the possibilities and limitations of regulating the non-medical cannabis market in Switzerland. A total of 7,000 people who use cannabis in seven cantons had been included in the trials by May 2024. While the outcome data of the pilot trials are still preliminary, significant differences have already been observed between the for-profit and not-for-profit models of pilot trials, especially with regard to product promotion and the protection of youth.

The regulatory initiatives that legalized the cannabis supply chain for non-medical purposes, as in some jurisdictions in North America, have followed a continuum driven by processes that have progressively normalized the non-medical use of cannabis. Advocacy-led policy and public debates expanded onto social media, influencing public opinion, even beyond those jurisdictions, and shaped the broader environment in which the legalization of the non-medical use of cannabis – in some instances through popular ballot – ultimately occurred. Indeed, there has been an apparent increase in the social acceptability and normalization of cannabis use, not only in the jurisdictions that have legalized the non-medical use of cannabis, but also in other jurisdictions.

Scientific literature has shown a strong association between the perceived risks of cannabis use; perceived use of cannabis among peers (descriptive norms); perceptions of cannabis use approval or disapproval among peers or others (injunctive norms); and the frequency of cannabis use among adolescents and young adults. In Canada, over the five years since legalization, there has been a significant increase in the social acceptability of the non-medical use of cannabis, whereas the social acceptability of the medical use of cannabis has decreased, and perceptions of the regular non-medical use of cannabis use have changed to it being perceived as riskier than before. Among adolescents in the United States, where long-term data are available, the risk perception of harm caused by occasional and regular cannabis use has undergone a long-term decline. However, since 2021, that trend has been reversed, and the perception of cannabis use as

Risk perception of the harmfulness of cannabis use among 12th graders in the United States, 2008–2024

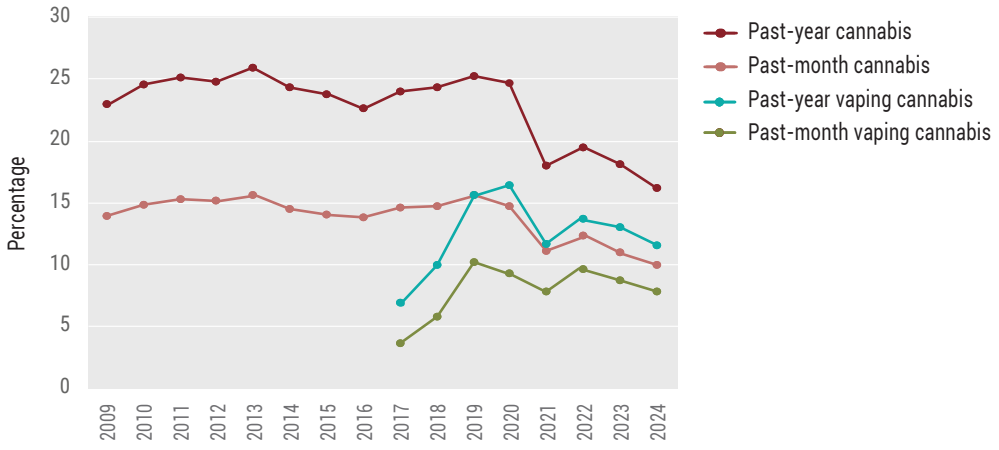


being harmful has been increasing ever since, including in relation to the vaping of cannabis.

Reflecting the normalization of the non-medical use of cannabis, the past-month and daily and near-daily use of cannabis among adults – particularly young adults – seems to have increased substantially in the United States and, to a lesser extent, in Canada, outpacing the increase in past-year use. In the United States, for example, the regular use of cannabis products, in particular products with high potency, in recent years has surpassed the proportion of people who consume alcohol daily.

Different studies show heterogeneous outcomes and often conflicting evidence on the effect of the legalization of the non-medical use of cannabis on adolescents, despite legalization only being applicable to adults. Although they were still at high levels in 2020, lifetime and past-year cannabis use (smoking cannabis) among adolescents seemed to decline during the COVID-19 pandemic in the United States (as in many other countries, including in Europe) and have not returned to their previous high levels since then. The declining trends in smoking cannabis in North America and Europe also mirror the decline in the frequent use of alcohol and smoking tobacco among adolescents, which suggests an apparent denormalization of alcohol and tobacco use. It is hard to ascertain, however, whether the declining trends in alcohol and tobacco use, or even in cannabis use, among adolescents observed in Europe are secular trends independent of any developments in the legalization and non-medical use of cannabis in North America. Moreover, the decline in the prevalence of cannabis smoking among adolescents in Canada and the United States has been partially offset by a substantial increase in the prevalence of cannabis vaping in the past year and past month, which can also be viewed as a diversification in the consumption modes of different cannabis products.

Cannabis use and vaping among secondary-school students (8th, 10th and 12th grades combined), United States, 2009–2024



UPDATES

Drug law offences and the criminal justice system

Millions of people globally are in contact with the criminal justice system each year for criminal drug offences, the majority of them for offences related to drug use and personal possession, while alternatives to incarceration are available in 83 per cent of reporting countries.

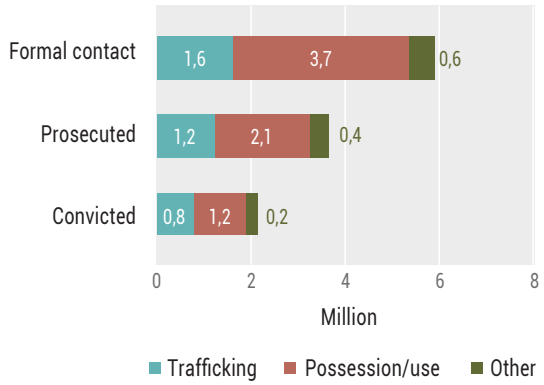
The way people come into contact with the criminal justice system and the way they exit or progress through it are both highly nuanced and vary greatly across countries. The compilation and the interpretation of data from different Member States are therefore challenging. Nevertheless, aggregated data on people involved at different stages of the criminal justice system for criminal drug offences can provide an overview of the order of magnitude of the criminal justice response globally. Such data refer to drug offences that are criminalized, which vary across countries.

At the global level, at each stage of the criminal justice system, criminal offences related to drug use and personal possession are those that concern the largest number of people. In 2024, an estimated 5.9 million people worldwide were in formal contact with the police (including arrests and cautions) for criminal drug offences – approximately two thirds of them for drug use or personal possession. Some 3.7 million people are estimated to have been prosecuted for criminal drug offences in that same year, and around 2.2 million are estimated to have been convicted.

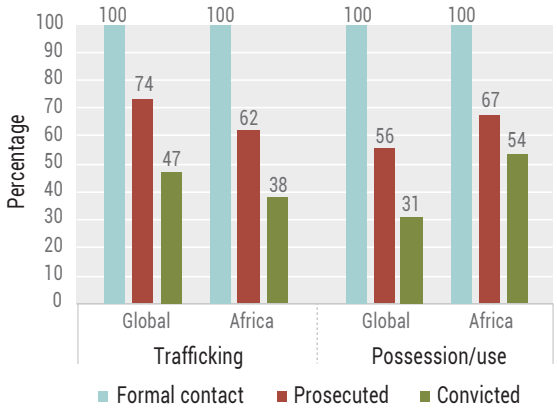
Although the global number of people who come into contact with the criminal justice system for drug use and personal possession offences is larger than for drug trafficking offences, people in formal contact with the system for drug trafficking offences are more likely to be prosecuted and convicted. Data provided by reporting countries in Africa show the opposite, however.

Worldwide, men constitute the overwhelming majority of people involved in the criminal justice system for criminal drug offences – in 2024, roughly 9 in every 10 people among those in formal contact with the police were men. When in formal contact with the police for criminal drug offences, women are less likely to be prosecuted or convicted than men.

Global number of people involved at different stages of the criminal justice system for criminal drug offences, 2024



Case attrition for criminal drug offences, 2024



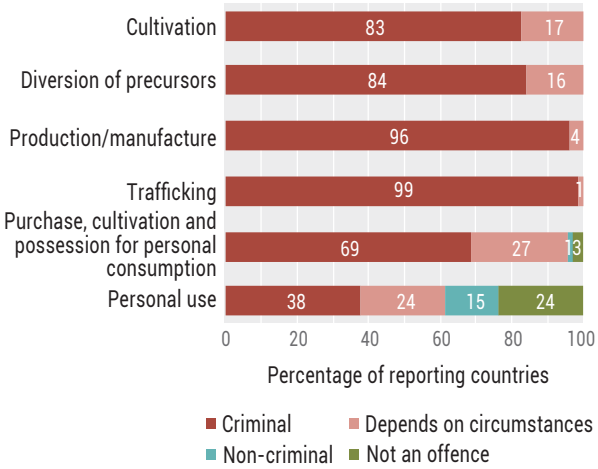
Whether or not drug activities (other than for medical and scientific purposes) are deemed criminal offences varies from country to country based on their respective legal frameworks. The trafficking of drugs and their precursors is criminalized in all reporting countries, while the use of drugs is less likely to be criminalized. In general, while the use of drugs may not be considered a criminal offence, the purchase, cultivation and possession of drugs for personal consumption is more likely to be criminalized.

Looking specifically at the use of drugs, more than half of the reporting countries in the Americas and Europe do not criminalize such behaviour, in contrast to reporting countries in Africa and Asia where the criminalization of drug use is more common. According to the limited data available, all nine reporting countries in Africa criminalize drug use.

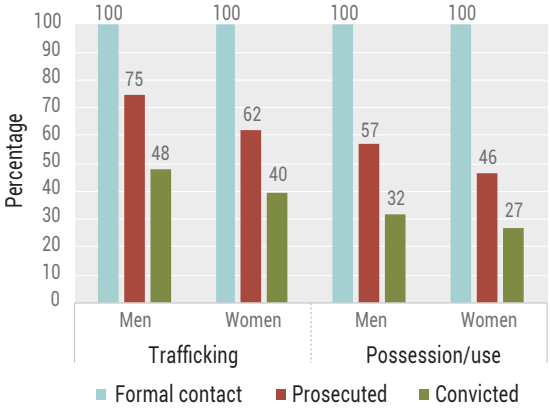
Punishments are generally more severe for drug trafficking offences than for use and personal possession, although this conclusion is based on limited information. About 27 per cent of custodial sentences for trafficking offences are five years or longer, compared with 15 per cent for personal possession and use offences.

Alternatives to conviction or punishment for criminal drug offences exist in many reporting countries. A large majority, 83 per cent, report having such alternatives for drug use offences, while about half report having such alternatives for drug production and trafficking offences.

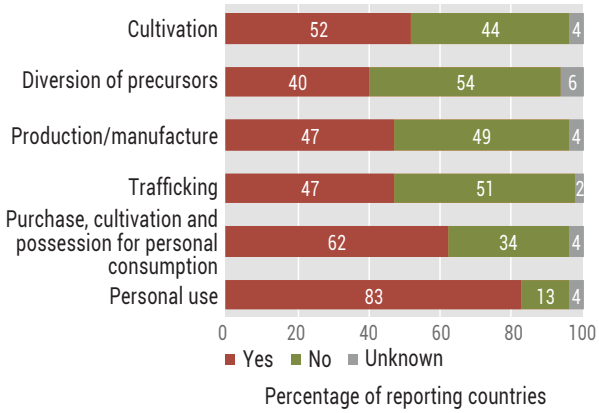
Criminalization of drug-related activities, 2020



Case attrition for criminal drug offences, by sex, 2024



Availability of alternatives to conviction or punishment for criminal drug offences, 2020



ANNEX

ANNEX

WHAT TO WATCH

A TURNING POINT IN GLOBAL OPIOID MARKETS

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Illicit poppy cultivation: https://data.unodc.org/wdr2026?page=0

Long-term opium production trends:
https://data.unodc.org/wdr2026?page=2

Global opioid market changes:
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Opium production: https://data.unodc.org/wdr2026?page=67

Opiate trafficking: https://data.unodc.org/wdr2026?page=69

NPS SYNTHETIC OPIOIDS

Note

Orphine analogues, often referred to as "orphines", are another class of synthetic opioids that are structurally distinct from both fentanyls and nitazenes. Brorphine was the first substances in this group to be reported in 2019 and internationally controlled in 2022.

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WHAT TO WATCH

COCAINE MARKET EXPANSION

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RECENT CHANGES IN CANNABIS MARKETS

Note

Although some countries have enacted legal provisions allowing the cultivation, production and sale of cannabis for non-medical use, and different legislative approaches have also emerged recently in other countries allowing varying degrees of regulated access to cannabis for non-medical use, legal and illegal markets still coexist in these countries.

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IN FOCUS

DRUG USE AMONG ADOLESCENTS

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SEX DIFFERENCES IN DRUG USE

Note

While sex refers to biological and physiological characteristics of females, males and intersex persons, gender is defined as the socially constructed characteristics of women and men – such as norms, roles and relationships. In practice, biological and social factors often interact in shaping drug use patterns and outcomes.

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Global estimates of total drug-related harm - deaths and DALYs: https://data.unodc.org/wdr2026?page=106

SDG 3.5.1: Treatment coverage: https://data.unodc.org/wdr2026?page=110

Direct drug-related deaths: https://data.unodc.org/wdr2026?page=105

Patterns of drug-related disorders, treatment and deaths: https://data.unodc.org/wdr2026?page=104

People Who Inject Drugs: https://data.unodc.org/wdr2026?page=101

SYNTHETIC NEW PSYCHOACTIVE SUBSTANCES

Note

NPS are substances, either in a pure form or in a preparation, that are not controlled under the Single Convention on Narcotic Drugs of 1961 or the Convention on Psychotropic Substances of 1971, but that are similar to substances controlled under these conventions and may pose a public health threat.

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Further data and analysis

Highlight on NPS synthetic opioids:
https://www.unodc.org/documents/data-and-analysis/WDR_2026/WDR26_Highlights/WDR26_NPS_synthetic_opioids.pdf

Web-based analysis of drug markets:

Global market: https://data.unodc.org/wdr2026?page=80

NPS identified: https://data.unodc.org/wdr2026?page=81

Seizures of synthetic NPS: https://data.unodc.org/wdr2026?page=82

Seizures of plant-based NPS:
https://data.unodc.org/wdr2026?page=83

Global demand for NPS: https://data.unodc.org/wdr2026?page=84

Demand of NPS among youth:
https://data.unodc.org/wdr2026?page=85

NPS among youth (trends): https://data.unodc.org/wdr2026?page=86

Ketamine seizures and trafficking:
https://data.unodc.org/wdr2026?page=87

Ketamine use: https://data.unodc.org/wdr2026?page=88

Seizures in Ukraine: https://data.unodc.org/wdr2026?page=13

AVAILABILITY OF PHARMACEUTICAL OPIOIDS FOR MEDICAL USE

Note

The World Bank classification of countries by income for the year 2021 was used (low income: <$1,035 GNI per capita; lower-middle income: $1,035-4,045; upper-middle income $4,046-12,535; high income: >$12,535).

S-DDDs is the abbreviation for Defined Daily Doses for Statistical Purposes, a unit of measurement developed by INCB to compare the consumption of different psychotropic substances.

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https://data.unodc.org/wdr2026?page=117

Availability of opioids for medical use – by region:
https://data.unodc.org/wdr2026?page=118

Availability of opioids for medical use – by substance:
https://data.unodc.org/wdr2026?page=119

Availability of opioids for substitution treatment:
https://data.unodc.org/wdr2026?page=120

LEGALIZATION AND REGULATION OF NON-MEDICAL CANNABIS

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Web-based analysis of drug markets:

Cannabis Legalisation - regulations in selected countries:
https://data.unodc.org/wdr2026?page=116

DRUG LAW OFFENCES AND THE CRIMINAL JUSTICE SYSTEM

Note

NPS are substances, either in a pure form or in a preparation, that are not controlled under the Single Convention on Narcotic Drugs of 1961 or the Convention on Psychotropic Substances of 1971, but that are similar to substances controlled under these conventions and may pose a public health threat.

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Further data and analysis

Highlight on NPS synthetic opioids:
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Web-based analysis of drug markets:

Legislating drug offences: https://data.unodc.org/wdr2026?page=121

People in contact with the criminal justice system:
https://data.unodc.org/wdr2026?page=122

The criminal justice process by sex:
https://data.unodc.org/wdr2026?page=123

Severity of sentencing for criminalized drug offences:
https://data.unodc.org/wdr2026?page=124

GLOSSARY

amphetamine-type stimulants — a group of substances composed of synthetic stimulants controlled under the Convention on Psychotropic Substances of 1971 and from the group of substances called amphetamines, which includes amphetamine, methamphetamine, methcathinone and the "ecstasy"-group substances (3,4-methylenedioxy-methamphetamine (MDMA) and its analogues).

amphetamines — a group of amphetamine-type stimulants that includes amphetamine and methamphetamine.

annual prevalence — the total number of people of a given age range who have used a given drug at least once in the past year, divided by the number of people of the given age range, and expressed as a percentage.

coca paste (or coca base) — an extract of the leaves of the coca bush. Purification of coca paste yields cocaine (base and hydrochloride).

"crack" cocaine — cocaine base obtained from cocaine hydrochloride through conversion processes to make it suitable for smoking.

cocaine salt — cocaine hydrochloride.

drug use — use of controlled psychoactive substances for non-medical and non-scientific purposes, unless otherwise specified.

fentanyls — fentanyl and its analogues.

new psychoactive substances — substances of abuse, either in a pure form or a preparation, that are not controlled under the Single Convention on Narcotic Drugs of 1961 or the 1971 Convention, but that may pose a public health threat. In this context, the term "new" does not necessarily refer to new inventions but to substances that have recently become available.

opiates — a subset of opioids comprising the various products derived from the opium poppy plant, including opium, morphine and heroin.

opioids — a generic term that refers both to opiates and their synthetic analogues (mainly prescription or pharmaceutical opioids) and compounds synthesized in the body.

problem drug users — people who engage in the high-risk consumption of drugs. For example, people who inject drugs, people who use drugs on a daily basis and/or people diagnosed with drug use disorders (harmful use or drug dependence), based on clinical criteria as contained in the *Diagnostic and Statistical Manual of Mental Disorders* (fifth edition) of the American Psychiatric Association, or the *International Classification of Diseases and Related Health Problems* (tenth revision) of WHO.

people who suffer from drug use disorders/people with drug use disorders — a subset of people who use drugs. Harmful use of substances and dependence are features of drug use disorders. People with drug use disorders need treatment, health and social care and rehabilitation.

harmful use of substances — defined in the *International Statistical Classification of Diseases and Related Health Problems* (tenth revision) as a pattern of use that causes damage to physical or mental health.

dependence — defined in the *International Statistical Classification of Diseases and Related Health Problems* (tenth revision) as a cluster of physiological, behavioural and cognitive phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

substance or drug use disorders — referred to in the *Diagnostic and Statistical Manual of Mental Disorders* (fifth edition) as patterns of symptoms resulting from the repeated use of a substance despite experiencing problems or impairment in daily life as a result of using substances. Depending on the number of symptoms identified, substance use disorder may be mild, moderate or severe.

prevention of drug use and treatment of drug use disorders — the aim of "prevention of drug use" is to prevent or delay the initiation of drug use, as well as the transition to drug use disorders. Once a person develops a drug use disorder, treatment, care and rehabilitation are needed.

REGIONAL GROUPINGS

The World Drug Report uses a number of regional and subregional designations. These are not official designations, and are defined as follows:

AFRICA

- East Africa: Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Madagascar, Mauritius, Rwanda, Seychelles, Somalia, South Sudan, Uganda, United Republic of Tanzania and Mayotte
- North Africa: Algeria, Egypt, Libya, Morocco, Sudan and Tunisia
- Southern Africa: Angola, Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Zambia, Zimbabwe and Reunion
- West and Central Africa: Benin, Burkina Faso, Cabo Verde, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone, Togo and Saint Helena

AMERICAS

- Caribbean: Antigua and Barbuda, Bahamas (The), Barbados, Cuba, Dominica, Dominican Republic, Grenada, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, Anguilla, Aruba, Bonaire, Netherlands (Kingdom of the), British Virgin Islands, Cayman Islands, Curaçao, Guadeloupe, Martinique, Montserrat, Puerto Rico, Saba, Netherlands (Kingdom of the), Sint Eustatius, Netherlands (Kingdom of the), Sint Maarten, Turks and Caicos Islands and United States Virgin Islands
- Central America: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama
- North America: Canada, Mexico, United States of America, Bermuda, Greenland and Saint-Pierre and Miquelon
- South America: Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador, Guyana, Paraguay, Peru, Suriname, Uruguay, Venezuela (Bolivarian Republic of) and Falkland Islands (Malvinas)

1 References to Kosovo shall be understood to be in the context of Security Council resolution 1244 (1999).

ASIA

- Central Asia and Transcaucasia: Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan
- East and South-East Asia: Brunei Darussalam, Cambodia, China, Democratic People's Republic of Korea, Indonesia, Japan, Lao People's Democratic Republic, Malaysia, Mongolia, Myanmar, Philippines, Republic of Korea, Singapore, Thailand, Timor-Leste, Viet Nam, Hong Kong, China, Macao, China, and Taiwan Province of China
- Near and Middle East: Bahrain, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, United Arab Emirates, Yemen and State of Palestine
- South Asia: Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka
- South-West Asia: Afghanistan, Iran (Islamic Republic of) and Pakistan

EUROPE

- Eastern Europe: Belarus, Republic of Moldova, Russian Federation and Ukraine
- South-Eastern Europe: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, North Macedonia, Romania, Serbia, Türkiye and Kosovo[1]
- Western and Central Europe: Andorra, Austria, Belgium, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Netherlands (Kingdom of the), Norway, Poland, Portugal, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland, United Kingdom of Great Britain and Northern Ireland, Faroe Islands, Gibraltar and Holy See

OCEANIA

- Australia and New Zealand: Australia and New Zealand
- Polynesia: Cook Islands, Niue, Samoa, Tonga, Tuvalu, French Polynesia, Tokelau and Wallis and Futuna Islands
- Melanesia: Fiji, Papua New Guinea, Solomon Islands, Vanuatu and New Caledonia
- Micronesia: Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, Palau, Guam and Northern Mariana Islands

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UNODC Research

A global reference on drug markets, trends and policy developments, the *World Drug Report* offers a wealth of data and analysis and, in 2026, comprises several elements tailored to different audiences. The web-based **Drug market patterns and trends** contains the latest analysis of global, regional and subregional estimates of and trends in drug demand and supply in a user-friendly, interactive format supported by graphs, infographics and maps. **Highlights** provides a series of short topical analyses of key developments and issues that characterize the current world drug problem, while **Special points of interest** offers a framework for the main takeaways that can be drawn from those developments.

As well as providing a comprehensive overview of global drug trends and key issues, the *World Drug Report 2026* features, in its thematic chapter, a focused analysis of the **Impact of drug use on safety and security.** In this chapter, the impact on individual and public safety and security from drug use is examined in three intersecting, overlapping and multidimensional mechanisms or pathways: psychopharmacological, economic-compulsive and systemic.

The *World Drug Report 2026* is aimed not only at fostering greater international cooperation to counter the impact of the world drug problem on health, governance and security, but also at assisting Member States in anticipating and addressing threats posed by drug markets and mitigating their consequences.

The *World Drug Report 2026* is published on the UNODC website:
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